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ABSTRACT

This handbook provides Rural Clinical Nurse Placement Program (RCNP) preceptors with a program overview and practical suggestions to apply during student placement. An introductory section describes how the program addresses the maldistribution of nurses by raising awareness about the rural experience, adding a needed perspective to the urban bias of nursing education, and increasing the ease with which nurses can relocate in rural communities. The next section overviews the program in operation since 1975 to provide registered or student nurses with a 6-8 week rural clinical experience. Separate sections detail aspects of the preceptor-student relationship (initiating/maintaining the relationship and communicating effectively with students), principles of learning and teaching, and how to provide the student with constructive feedback. Twelve questions commonly asked by preceptors are answered. Twenty-two references to assist preceptors are cited. Seventeen appendices contain sample forms, checklists, and questionnaires including a RCNP communication overview, list of responsibilities of RCNP participants, excerpts from student logs, letter of agreement, instructor statement, student application, sample objectives, student housing and pre-placement questionnaires, skills list for OB-GYN placement, various evaluation forms, projected employment plan sheets, and longitudinal study questionnaire. (NEC)

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PRECEPTOR HANDBOOK

Rural Clinical Nurse Placement Center

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PRECEPTOR HANDBOOK

RURAL CLINICAL NURSE PLACEMENT CENTER

CALIFORNIA STATE UNIVERSITY, CHICO

CHICO, CALIFORNIA

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PREFACE

We welcome you as a preceptor for the Rural Clinical Nurse Placement Center. You are a most important part of our program! Your participation provides student nurses with a unique opportunity to find out what rural living is all about, both professionally and personally. For many of our students, this preceptorship is the most fulfilling and exciting experience of their academic career.

In addition to the educational benefits which are derived from the clinical aspects of the experience, in a more general sense the preceptorship offers a tremendous potential for personal growth and achievement. Thank you for making this opportunity available!

In an effort to maintain the continuity of the text, one gender has been used to denote both preceptors and students throughout the handbook. Since the majority of our preceptors and students are female, feminine pronouns were chosen. We apologize to our male preceptors - no sexual bias is intended!

ACKNOWLEDGEMENTS

A major portion of this handbook was adopted from materials developed for preceptorship programs at Ohlone College and Stanford University Hospital. We extend our sincere gratitude to the Nursing Program at Ohlone College and the Department of Nursing Service at Stanford University Hospital for permission to incorporate this information in our handbook.

We also gratefully acknowledge the contributions made by Tom Lang, formerly a consultant for the Rural Clinical Nurse Placement Center and currently employed as a medical writer at Loma Linda University Medical Center.

The illustrations in the handbook were prepared by the staff of the Instructional Media Center, CSU, Chico. We sincerely thank those involved for their time and patience.

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Jean Haberlin, R.N., B.S.
Clinical Coordinator

INTRODUCTION

The maldistribution of health care professionals is one of the major problems of California's health care delivery system. Rural communities in particular suffer from a lack of physicians and nurses. But while the maldistribution of physicians has been the subject of numerous studies and corrective programs, the maldistribution of nurses is just beginning to be addressed. The Rural Clinical Nurse Placement Center (RCNP) is the first major attempt to correct the maldistribution.

The purpose of the program is to introduce student nurses and registered nurses to the professional and personal opportunities of working in a rural area. It is predicted that participants who find this rural clinical experience a positive one will return to obtain employment. Thus, as well as providing participants with an academic experience in a non-traditional clinical health setting, this placement will also introduce them to potential employment possibilities in rural communities.

Factors usually cited for the lack of nurses in rural communities include lower salaries, fewer opportunities for advancement, reduced access to continuing education, less exposure to unusual

patient cases, less contact with professional peers, and fewer nursing specialties. To these professional factors are added the personal factors of living in rural communities: isolation from cultural and recreational activities, fewer employment opportunities for mates, housing shortages, and restrictive weather conditions. While these factors do exist, RCNP is based on the premise that they do not by themselves explain the maldistribution of nurses, and that they can be balanced or outweighed by other factors unique to rural communities. In the role of nursing, these other factors include the opportunities to develop a greater number and variety of skills; to accept more on-the-job responsibilities and independence; and to relate to physicians, nurses, and patients on more personal levels. In the role of a member of a community, these factors include a more relaxed pace of life, sense of community, and environmental beauty and purity.

WHEW! WHAT A DAY, AN AMBULANCE RUN FIRST THING THIS MORNING, NEXT A WOMAN ARRIVED IN LABOR AND DELIVERED AN HOUR LATER. THEN ONE OF THE PATIENTS HAD TO BE PUT ON THE MONITOR, AND THIS AFTERNOON I SCRUBBED FOR TWO SURGERIES!! NEVER A DULL MOMENT...

Specifically, the RCNP addresses three underlying causes of the maldistribution of nurses.

The lack of awareness of the rural experience. Many nurses were raised in urban/suburban communities and most attended nursing

schools in such communities. As a result, nurses are generally unfamiliar with the rural experience and with the demands and rewards of rural nursing; that is, they simply don't consider rural nursing as a career option. RCNP increases awareness about the rural experience in its on-campus recruitment efforts, through presentations at conferences and professional meetings, through a 90-minute color film and a 20-minute slide-tape presentation about the program that are available on request, and through various publications and brochures. The growing number of inquiries about the program indicates that these consciousness-raising efforts are producing results.

The urban bias of nursing education. Most nursing programs tend to acculturate their students --- however subtly --- to prefer the role of the urban nurse. Most nursing schools are located in urban/suburban communities, as are most of the hospitals, clinics, and public health departments in which nursing students are trained. The standard for job comparison soon becomes the urban experience; the sophistication of specialized care and equipment, the professional credentials of co-workers, the potential for professional advancement, and so on. To the uninformed rural nursing pales by comparison. But rural nursing is a specialty in its own right. It requires a different kind of sophistication --- a jack-of-all-trades independence; different credentials for co-workers --- capability, dependability, and personability; and different potentials for advancement --- community respect, peer admiration, and personal satisfaction. By exposing nursing students to these standards, the RCNP adds a much-needed perspective and balance to the urban accul-

turation and bias.

The difficulty of relocation. Unless nurses have contacts in rural communities, they may never be exposed to the catalyst that brings about the move to a specific rural community. Rural health facilities seldom have the resources they need to recruit for nursing positions. Staff members may not be available for recruitment work; the facility frequently needs physicians, laboratory technicians, or x-ray technicians as badly as it needs nurses; and the money for advertising may not last until the position can be filled. The RCNP experience and the professional and personal relationships it involves increases the ease with which participants --- and friends of participants --- can relocate in rural communities. Familiarity with specific rural communities, health care facilities, and residents is a decided advantage in choosing a work setting, finding housing, and establishing oneself in a new community. RCNP can be the catalyst that may turn the inclination toward rural nursing into a reality.

Thus, RCNP is addressing the maldistribution of nurses by raising awareness about the rural experience, by adding a needed perspective to the urban bias of nursing education, and by increasing the ease with which nurses can relocate in rural communities. The

premise is that these activities will attract nurses to rural areas.

OPERATION OF THE RURAL CLINICAL NURSE PLACEMENT CENTER

The Rural Clinical Nurse Placement program began in September, 1975 under a federally funded 5 year grant. RCNP is now supported by the State of California, through the California State University and College System. RCNP is staffed by a director, a coordinator, and a full-time secretary.

The Center operates in the following manner. Students who are enrolled in a school of nursing which offers RCNP receive academic credit from their home campus for their 6-8 week participation. Registered nurses or student nurses not presently enrolled in a school of nursing which offers RCNP can participate through an extension course, "Rural Nursing Preceptorships" offered at CSU, Chico. There is a fee for the course and it must be taken for a minimum of 2 weeks (90 hours). These participants receive academic credit from CSU, Chico and, in addition, may elect to receive 30 C.E. units from the Board of Registered Nursing.

Students* interested in the RCNP experience contact the RCNP faculty advisor at their home campuses or at CSU, Chico. The faculty advisor informs students of the RCNP program, screens them and recommends them for placement. The faculty advisor helps students identify the kind of experiences they desire and assists them in developing learning objectives for monitoring their experience. In addition, the advisor determines the academic requirements that must be met during the placement and the number of units awarded for

*The term "student" refers to both student nurses and registered nurses participating in RCNP.

completing the placement. The faculty advisor forwards to the RCNP staff at CSU, Chico the student's learning objectives and the academic requirements expected of the student by the home campus. Also, the faculty advisor sends to the preceptor an evaluation form to be completed by the preceptor and/or the student at the end of the preceptorship (see Appendix N). The advisor communicates with the preceptor and program staff during the student placement and submits an evaluation of the student's experiences to RCNP staff when the student returns (see Appendix L). Annual preceptor/faculty workshops led by RCNP staff acquaint faculty and preceptors with each others' roles and needs as well as improve RCNP's ability to adequately place and evaluate participants.

The RCNP coordinator receives the student's application, learning objectives and faculty advisor's comments (see Appendices F, G, E), and selects a rural health care facility (such as Indian health service, an acute care hospital, or a public health department) at which the students will have the best chance of meeting their objectives. The rural health facilities used by RCNP are located in the northern counties of California. RCNP then provides students and the faculty coordinator with information about the facilities and provides the facility with information about the students. A student is officially placed with the facility when the student, the faculty coordinator, placement facility, and RCNP agree to the placement.

Placements are year-round and flexible enough to meet individual needs. Staff prefer to place students in one of five scheduled groups (spring, early summer, late summer, fall, or winter) to reduce travel and administrative costs and to increase the interaction among students.

Due to academic schedules, winter placements of necessity are shorter (five weeks). RCNP makes special arrangements for students who cannot participate in regular groups.

Before placement, students complete a housing questionnaire (see Appendix H) on which they indicate the characteristics they prefer in a place to live. From a pool of housing providers, staff select providers that best match the student's preferences. Most students are placed with a family; occasionally other students rent trailers or apartments. Rent, kitchen privileges and personal preferences (smoking, overnight guests, and so on) are negotiated between RCNP and the host family.

Also before placement, students complete a preplacement questionnaire (see Appendix I) and are briefed by staff on RCNP expectations, rural communities and lifestyles, rural health care delivery, and rural "survival" skills, such as how to deal with stress, boredom, free time and so on. Staff ascertain that students have adequate professional liability and automobile insurance and make sure that students know they are responsible for their own medical, travel, living and entertainment expenses. At this time, students are reminded that they

are required to learn about the placement community, and that they must maintain a daily journal of their experience (see Appendix C). They must also document that they have met their learning objectives.

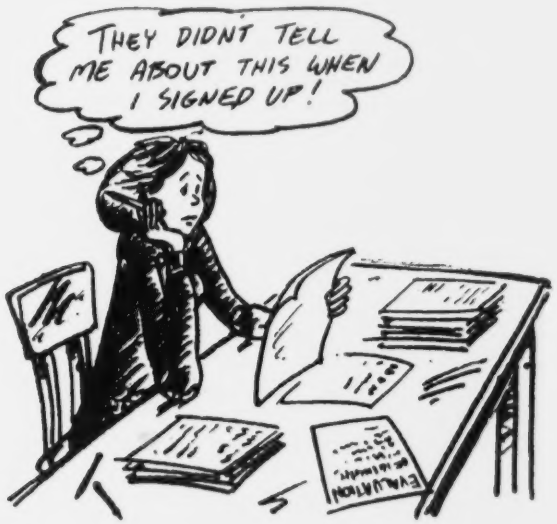
On site, each student is guided by a preceptor: a local health care professional employed by the placement facility. Preceptors are screened by RCNP and are not paid for their services. Most preceptors are R.N.'s although nurse practitioners, certified nurse midwives, physicians, physician assistants and health administrators also participate in this role.

The preceptor is familiar with the goals and standards of RCNP, of the student's home campus, and of the student. In addition to introducing the student to the work setting and to the community, the preceptor maintains communication with the student's faculty advisor and RCNP coordinator. The preceptor and student together create a written plan that will assure the quality of the student's experience. This plan provides for at least one 30-to-60 minute conference per week and for a written evaluation of the student by the preceptor at the end of the placement.

During placement, students attend one or two seminars with students of other placement facilities. Led by RCNP staff, these seminars allow students to share experiences and to discuss problems. The student must also visit at least 2-3 other health care facilities in the area during her placement. This provides the students with a more complete overview of health care agencies available in the placement area.

I COULDN'T BELIEVE IT! I WALKED INTO TOWN FOR THE FIRST TIME AND EVERYONE KNEW WHO I WAS!
YOU REALLY HAVE TO BE CAREFUL WHO YOU TALK ABOUT AND WHOM YOURE TALKING TO! EVERYONE KNOWS EACH OTHER!
THE ROLE OF THE NURSE IS REALLY DIFFERENT HERE! SHE DOES EVERYTHING

After completing the six-to-eight week placement, students again meet with RCNP staff to evaluate their experiences. They complete a postplacement questionnaire, a RCNP program evaluation form, a preceptor evaluation form, a housing provider evaluation form, and a projected employment plan (see Appendices J, O, M, P). Each year on the anniversary of their graduation from nursing school, participants also receive a longitudinal study questionnaire (see Appendix Q), data from which help determine the effects of RCNP participation.



Thus RCNP offers students several advantages. The close communication between staff, faculty advisors, and preceptors allows academic institutions to award students academic credit for completing carefully planned learning objectives. Without such credit, students could not explore the rural experience without prolonging their education or jeopardizing their status in their nursing program. For practicing RN's, RCNP provides an excellent opportunity to satisfy the Continuing Education requirement. Participation also allows students to explore the rural experience without actually moving to a rural community. The magnitude and finality associated with a complete move to a new community and to a new lifestyle inhibits exploration for its own sake. By eliminating the need for a complete move, RCNP encourages students to explore the rural experience at a critical time in their careers.

For most students, the close personal involvement with their host families is one of the most meaningful aspects of placement. These live-in situations put the student directly in touch with what it means to live in a rural community. From their host families, students learn to appreciate the importance of local traditions, events, gossip, and politics; the frustration of limited shopping, recreational, and cultural opportunities; and the satisfaction of a sense of community and a more relaxed pace of life.

Finally, during their placements, students from different nursing programs and/or locales, have the opportunity to compare notes on their home nursing programs as well as on their RCNP placements. This contact helps students put their education and nursing experience into perspective.

RCNP, then, is the link between nursing programs, faculty coordinators, student nurses, placement facilities, preceptors, and housing providers. Staff inform these groups about the RCNP Center and about the needs and roles of each group; and maintain files of formal communications, agreements and evaluations of each group. In addition, staff attempt to enlarge each group by interesting nursing programs in the program, and by identifying potential placement facilities and housing providers.

PART I

THE PRECEPTOR-STUDENT RELATIONSHIP

HI! I'M JAN. IT'S GREAT TO MEET YOU!
SHE'S NOT THE WAY I PICTURED HER. I WONDER WHAT SHE THINKS OF ME?
THANKS. IT'S REALLY GREAT TO BE HERE!
SHE'S NOT THE WAY I PICTURED HER. I WONDER WHAT SHE THINKS OF ME?

Both you and the student will have preconceived ideas and expectations. Talking about them is important!

WHAT MAKES A RELATIONSHIP HELPFUL?[1]

The precepting relationship is a helping relationship: helping another person to grow and to accomplish goals. The environment needs to be non-threatening so that the student will feel comfortable communicating with you. Confidentiality is also required. Very simply stated, the preceptor must practice the principles of good human relations. Although people are generally aware of what makes relationships positive and healthy, this awareness does not insure the automatic use of these principles. (Beck, 1966, p. 114)

In his book Freedom to Learn, the well-known humanist, Carl Rogers, describes three attitudinal qualities which exist in the personal relationship between a facilitator (in this case you as a preceptor) and the learner (the student).

Rogers sees the most essential attitude for the facilitator to have is one of realness or genuineness. "When the facilitator is a real person, being what he is, entering into a relationship with the learner without presenting a front or facade, he is much more likely to be effective." (1969, p. 106) In other words, we don't need to pretend to be something we are not. For instance, if you find that the student asks questions to which you do not know the answers, do not be afraid to say that you do not know. Instead, consider it an opportunity for both of you to do some learning and growing in the area.

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[1]The material in this section is from Hammerstad, S.M., and Murphy, M.L. On Precepting: A Partnership. Stanford, California: Stanford University Hospital, 1979. Permission to use the material was obtained from the authors.

If your student does not learn as quickly as you had hoped, or is still "trying to do everything by the book", you may be feeling frustrated or angry with her. In situations such as this, try to be aware of your feelings. Otherwise, verbally you might be sending one message, but non-verbally you might be sending a completely different one. Not only is this confusing to the student, but you would not be communicating genuineness or realness. Being genuine does not mean, however, that we "let it all hang out" if we get angry or upset. We still need to express our feelings so that they are not damaging and/or counterproductive. (Shertzer, 1974, p. 267) Rogers goes on to point out that "to be real is not always easy, nor is it achieved all at once but is basic to the person who wants to become a facilitator of learning". (p. 109)

A second attitude is one of prizing the person's feelings and opinions and caring for the person. (Rogers, 1969, p. 109) Basically, it comes down to acceptance and trust in the capacity of the other. You accept the fact that, as a human being, this person has a right to be unsure of herself at times, to make mistakes, to value different things in life. She has the right to feel badly if staying late to do charting or feel good if she spends time with a patient even though the bed bath isn't done. In order for people to learn (defined as changing behavior), they must first feel accepted for who they are and how they feel. This acceptance reflects a desire to help but not control the other. (Shertzer, 1974, p. 262) By accepting the student the way she is, you are recognizing the nurse's right to be different, to be herself rather than conform to what you might want the person to be. This attitude can be accomplished

by showing interest in the nurse as an individual, showing respect for expressed opinions, and taking time to listen to what is being said. (Beck, 1966, p. 115)

The third element described by Rogers is <u>empathetic understanding</u> (Rogers, 1961, p. 111): the ability to put yourself in the student's shoes and see things through her eyes. It is the feeling that people experience when they feel understood - not evaluated or judged but simply understood for their own point of view. Although you might not be totally successful in understanding the meaning of a particular situation, the fact that you have made a sincere attempt to understand the other person will be seen as helpful.

Is it possible to have all these wonderful qualities? Rogers' own answer to this question is as follows:

"If I could in myself answer all the questions I have raised in the affirmative, then I believe that any relationship in which I was involved would be a helping relationship and would involve growth. But, I cannot give a positive answer to most of these questions. I can only work in the direction of a positive answer.

This has raised in my mind the strong suspicion that the optimal helping relationship is the kind of relationship created by a person who is psychologically mature. Or to put it another way, the degree to which I can create relationships which facilitate the growth of others as separate persons is a measure of the growth I have achieved in myself. In some respects this is a disturbing thought, but it is also a promising or challenging one. It would indicate that if I am interested in creating helping relationships, I have a fascinating, life-time job ahead of me--stretching and developing my potentialities in the direction of growth." (1961, p. 56)

INITIATING AND MAINTAINING THE RELATIONSHIP

We have discussed the qualities and characteristics of a supportive, helping relationship. Now, let's move into actually starting the relationship. On the first day of the placement you and the student should set aside some time to meet. The focus of this initial meeting should be on orienting the student, initiating a supportive relationship, and developing a tentative plan for the preceptorship. The importance of a thorough student orientation cannot be overemphasized. This will help immensely in decreasing the student's level of anxiety to the point where the learning process can begin to take place. One of the unique aspects of a preceptorship is that the student is provided the opportunity to be an active part of the health care team and begin the socialization process necessary in the transition from student to graduate. This cannot occur, however, until the student is familiar and comfortable with her surroundings and feels accepted. Prior to placement, staff members should be made aware of the student's role and objectives so that they can assist you in including the student as part of the health care team and identifying valuable learning experiences.

We always talk about "developing a rapport" with people, be they other staff members or patients. Rapport is an intangible entity characterized by pleasantness, confidence, cooperation, sincerity, and interest in the other. (Shertzer, 1974, p. 264) Developing a rapport depends on both of you being at ease. As the preceptor, you should facilitate this by being comfortable yourself and showing it. (Hansen, et al, 1977, p. 336) You would probably want to avoid having a too "professional manner": if it appears that you are "in the role of a counselor" rather than acting as yourself, it will establish a difference in the levels of the two of you. (Hansen, et al, p. 337)[2]

It is critical that during this initial meeting you and the student discuss each other's expectations for the learning experience and clarify the student's role within the agency. It is appropriate at this point for you to explicitly state your expectations regarding student attendance, level of participation the student can expect, and guidelines for student-patient interaction. You also need to know the student's level of experience, self-confidence, and personal background, as well as her professional interests, concerns, and limitations. The one-to-one learning relationship between the two of you is an intense and personal one. This initial discussion provides the opportunity to develop a trusting relationship, one which allows the student to acknowledge both her accomplishiments and mistakes in a supportive atmosphere.

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[2]The material in this section is from Hammerstad, S.M., and Murphy, M.L. On Precepting: A Partnership. Stanford, California: Stanford University Hospital, 1979. Permission to use the material was obtained from the authors.

Early in the placement, you and the student should carefully review the learning objectives and discuss ways in which each can be fulfilled. You can then develop, with the student, a plan that will insure adequate clinical supervision and fulfillment of learning objectives. It may be necessary to modify, add, or delete objectives. At this time, it may also be appropriate to discuss and/or plan learning experiences outside the placement facility if

the student's objectives seem to indicate that this may be necessary and/or desirable. After a general plan for the student's time has been determined, it is advisable to develop a tentative calendar indicating the days and time the student plans to spend in the facility so that the staff is aware of her schedule. This helps insure that you will be available to supervise the student. There may be times when you will be unavailable to supervise the student. In these instances, you may delegate the responsibility to another staff member of comparable expertise or, if this is not feasible, request that the student alter her schedule. If the student will be working with a substitute preceptor, it is essential that all involved parties be agreeable to the arrangement. Those who must be informed include the student, substitute preceptor, supervisor and/or director of nurses.

As the preceptor, you will have the main responsibility to make appropriate daily clinical assignments based on a realistic assessment of the student's theoretical knowledge and clinical expertise. Since the preceptorship is relatively short, it is important that you be made fully aware of the student's clinical strengths and weaknesses as soon as possible. RCNP provides the student with a written skills list to be completed by the student prior to, or on, the first day of the placement. After reviewing this list, you can foresee the amount of supervision the student is likely to require and make clinical assignments which will be both realistic and challenging. The use of a skills list helps insure that the student will receive appropriate supervision and, at the same time, direct her efforts toward the acquisition of new knowledge and skills.

You will also be asked to provide a written student evaluation during the preceptorship. This evaluation is designed to assess not only the student's ability to meet her objectives, but also her attitude and the manner in which she demonstrates a professional commitment to patients, staff, preceptor and agency. This evaluation is also valuable for you in that it provides a means of determining the adequacy of your teaching methods. You and the student should review these written evaluations together to compare your perceptions about the student's performance, and discuss and clarify any discrepancies.

You may be feeling a bit overwhelmed at this point by the investment of time and energy which seems necessary on your part. It is possible that both you and the student may experience some initial frustration until you establish a pattern of activities and inter-

actions. Eventually, however, the relationship will become more reciprocal - the student, within the limits of her objectives, can begin to assume more responsibility and be of assistance to you. Also, the preceptorship is a cooperative effort - the student, faculty and coordinator also have specific responsibilities to fulfill.

One of the coordinator's first responsibilities is to insure that the students selected have met the academic and clinical standards established by RCNP. Once the student has been screened and accepted for placement, the RCNP coordinator will contact you to discuss the specific student. Included in this discussion should be information related to the student's need for supervision, level of maturity, clinical strengths and weaknesses, and career goals. Also at this time, the program coordinator will provide you with a general description of the curriculum of the participating nursing school and the educational objectives established for the preceptorship. The student may have academic requirements, in addition to clinical assignments, which she will need to fulfill during the preceptorship; she may be required to maintain a daily journal, write a paper related to some aspect of the learning experience, etc. It is important that you be made aware of these requirements in order to understand their purpose and relevance.

Prior to placement, the program coordinator is also responsible for reviewing, with you, the student's objectives. Each objective should be considered for its relevance and feasibility within the specific health care agency. Depending on the resources available within the health care agency, some objectives may need to be modified

or deleted. Others may not be feasible within the primary placement facility, but could be fulfilled in other nearby health care facilities. Suggestions can be generated between the coordinator and preceptor as to facilities which may fulfill some objectives and provide an additional learning experience. For example, a student may be placed in a small, acute hospital but also wish to fulfill some objectives related to public health. This can be accomplished through a cooperative effort between the placement agency representative and/or RCNP coordinator and the Public Health Department.

Throughout the placement the coordinator will be available by phone to provide ongoing assistance in accomplishing learning objectives and managing any communication problems. Also, if a problem arises during the placement which cannot be satisfactorily resolved, the program coordinator will assume the responsibility for withdrawing the student if this becomes necessary.

In addition to maintaining ongoing communication with you, the RCNP coordinator will also plan to meet with you and the student once

or twice during the placement. The site visit is usually a short informal meeting, the purpose being to insure that the student's objectives are being met and discuss any problems which may exist.

On the student's part, her ability and willingness to exercise a high degree of initiative and assertiveness will be the major determinant in the outcome of the learning experience. Prior to the placement, she will be responsible for developing behavioral objectives which will be the basis for clinical activities. The objectives may be written entirely by the student or may be a collaborative effort between the student and faculty advisor. In either case, the student often finds it necessary to modify and/or rewrite her objectives as the placement proceeds. This is to be expected, and in fact encouraged, if doing so will allow the student to take advantage of a larger variety of quality clinical experiences.

The student has the ultimate responsibility for insuring that her clinical objectives are met. Although you will assist her in developing a plan and facilitating its implementation, it is the student who must be committed to carrying out the plan.

Most importantly, the student, during all phases of the placement, must take responsibility for communicating effectively with you, the RCNP staff and her faculty regarding clinical activities, learning objectives, and any problems which may arise.

COMMUNICATING EFFECTIVELY WITH THE STUDENT[3]

There are some techniques which you can use to help the student understand herself and the environment and make effective decisions. These techniques basically have to do with your skill and sensitivity in receiving communication from the student and your skill in communicating back to her. (Hansen, et. al., p. 273) In other words: How well do you listen? How helpful are your responses? Are you demonstrating verbally and non-verbally that you are interested?

In order to communicate to the student that you are interested and attentive, you will want to "attend" to her both physically and psychologically. Physical attending means paying attention to the physical needs and surrounding of the nurse. Included would be such things as offering her coffee or tea, having a comfortable environment temperature-wise, and being about two to three feet from each other. If there were such a place on the nursing unit, a room with comfortable lighting and chairs, quiet colors, and plants would be ideal. In lieu of such, aim for that place which the student would associate with being relaxed and comfortable.

Psychological attending involves body language. A person who is interested in what the other is saying tends to sit up and lean slightly forward in her chair rather than slouch and lean back. The arms and hands rest comfortably, the fingers do not drum (indicating nervousness--wishing to be somewhere else), and the arms are not folded across the chest (implies a closed attitude). Particularly important is the use of good eye contact: not only do you communicate

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[3]The material in this section is from Hammerstad, S.M., and Murphy, M.L. On Precepting: A Partnership. Stanford, California: Stanford University Hospital, 1979. Permission to use the material was obtained from the authors.

the intent to try to understand the person, but you also can take in cues about behavior through the person's mannerisms and expressions. (Carkhuff, 1973, p. 22)

In addition to paying attention to the physical environment and your own body language, you will need to engage in active listening. In active listening, you will be attempting to understand both the content and feeling of what is being said. Although this sounds easy, we often are thinking instead of listening. (Katcher, 1968) We tend to do three kinds of thinking. First, we think about what is being said. As the other person talks, you speculate about the motivation, you wonder about the intent, or you judge what is being said.

Another kind of thinking is thinking for the other--when you mentally direct what the other person should be doing or feeling. "It would be better for you to change." "The best thing to do in that circumstance is...," and "You shouldn't feel that way."

A third kind of thinking is thinking ahead--where you complete the thought of the other person before she has a chance to finish what is being said.

Instead of thinking about, for, or ahead, we need thinking with the other person. (Katcher, 1968) Hopefully, this will facilitate true understanding of what someone is saying.

Moustakas says, "Listening is a magnetic and strange thing, a creative force... The friends that listen to us are the ones we move toward; and we want to sit in their radius as though it did us good, like ultraviolet rays... When we are listened to, it creates us, makes us unfold and expand... Ideas actually begin to grow within

us and come to life... It makes people happy and free when they are listened to." (1966, p. 42-43)

Effective listening requires paying attention to both the content and tone of what is said plus other non-verbal cues such as gestures and facial expressions.

It is more a process of listening to main thoughts and ideas rather than to every word spoken. (Luthi, 1978, p. 124) Try to recall the main content of the entire message. Look for important themes: These are the ones that are repeated many times and usually with intensity. (Carkhuff, 1973, p. 37)

As the interaction which you have with the student progresses, it will obviously be necessary for you to respond to what is being said. Your responses should be such that communication is not blocked, that you demonstrate that you understand, care, are interested, and willing to help if necessary.

Probably the best way to insure that you have understood the real message that someone has sent would be to restate it--in your own words. This is called <u>reflection</u> which will not only clarify that you have understood, but it allows the new staff nurse to continue to talk if she would like to. For example, a student says to you, "How in the world am I supposed to maintain sterile technique when we keep running out of suction catheters?" A reflection response might be, "You are feeling frustrated because there do not seem to be enough suction catheters?" By responding in this way,

you would be refraining from the use of a response which could bring your discussion to a halt. Some responses which you should avoid are discussed below.

1. A judgmental or evaluative response:

   "You should not let the supply of catheters get so low!" Depending on your tone of voice, the person could become defensive and "hold back". She might feel that you are not a safe person with whom to ventilate frustrations or anger.

2. Advice giving responses:

   "Perhaps, you could order the catheters that you'll need when you first come on shift." With this comeback, you are giving as yet unasked for advice. Although the student may need help and suggestions for preventing the problem in the future, you should withhold the advice until it is asked for or until the end of your conversation (p. 125). It is possible that the problem the student is experiencing is larger than this issue of suction catheters would suggest. You would need to find this out by allowing her to continue verbalizing.

3. A topping response:

   "Out of suction catheters again? That's nothing! Last week, I had to cover the pillows with hospital gowns because we ran out of all the other linen!" This kind of response is like one-upmanship where you describe a situation which is definitely more dramatic than the present problem. The message is, "I was worse off than you, so

what are you complaining about?"

4. A reassuring response:

   "Don't worry about it. The patient will be alright."

   In this situation, your message to the person is not usually reassuring. Instead, you have told the student that her feelings are unwarranted. Although we sometimes need to assist the student in putting crisis into perspective, we need to be careful not to communicate non-acceptance of the feelings that get expressed. It is similar to telling someone not to cry when she is bursting with emotions.

Sometimes the responses that block communication come to us too easily. Try to get into the habit of not responding immediately but pause momentarily. Then respond with the use of a reflection response.

Another skill to develop is the use of open-ended questions. Depending on how the questions are used, they could either facilitate communication or be threatening and cut off communication. Some guidelines for using open-ended questions are as follows:

1. Think about the questions you want to ask so that you will get the information you need. For instance, if you ask the student, "How are things going" and she always says "fine" but looks distressed, then perhaps your question needs to be refocused.
2. Try to avoid asking questions which can be answered with "yes" or "no".

3. Questions which start with "Who," "What," "Why," "Where," "How," and "When" tend to keep the other person talking.
4. Ask the questions in such a way that the answer will not make the person feel stupid or wrong.

If a conversation lags, it doesn't necessarily mean that a question needs to be asked to get things going. In those situations, the use of silence might be helpful or a phrase such as "take your time, there's no rush." (Shertzer, 1974, p. 276)

As mentioned earlier, when you begin to respond to the concerns that the student shares with you, don't be afraid to wait a few seconds before you respond in order to think about what was said. By giving yourself time to think about what you will say, chances are you will say something different than if you responded immediately. (Carkhuff, 1973, p. 37)

The following are additional points to keep in mind when attempting to facilitate effective communication.[4]

1. Be aware that message sent is not equal to message received.

   I know that you understand what I thought I said? How do I know I said what I thought I said? Check it out. Make sure the other person understood what you were trying to say.

2. Accept that open, direct communication is difficult for most people.

   Find that hard to believe? Think back to the last time someone you know asked your opinion and you hedged a bit.

3. Accept that you aren't perfect.

   Few of us know how to listen, and we all get uncomfortable in some situations. Accept that most of us receive some payoff for inducing a one down feeling in others.

4. Take responsibility for ineffective or inefficient communication.

   If you aren't sure what someone is saying ask him/her to clarify.

5. Remember, just because someone nods his head and/or agrees with you, it does not necessarily mean that he understands what you have said.

   Unfortunately it is easier to agree than question; it's quicker too.

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[4]The material in this section is from the manual, Survival Kit: A Manual For Preceptors developed for the W.K. Kellogg Foundation funded Preceptorship Project at Ohlone College, Fremont, California, 1980. Permission to use the material was obtained from the authors.

6. Accept that you have feelings and emotions that influence how you communicate with others.

   Pay attention to your feelings. They tell you something about what is happening in your communication with another person.

7. Effective communication requires sensitivity and understanding.

   Avoid prejudging by physical appearance or what you have heard about a person. Judgments and assumptions inhibit communications.

8. Be aware of inconsistencies in verbal and non-verbal communication.

   Often non-verbal communication is more revealing than verbal communication. Sometimes a tactful reference to a person's non-verbal communication can serve to encourage more efficient verbal communication.

9. We often affect someone's communication by our non-verbal listening posture.

   Picture the difference between standing and talking with someone as opposed to sitting down.

10. It's not necessary to say the "right" thing.

    If you are accepting of the other person somehow your meaning will get across.

Acceptance: A positive attitude toward the individual which views him/her as a person of worth and dignity; a condition that exists when the individual experiences a feeling of unconditional understanding and respect.

Assumptions underlying acceptance:

1. The individual has infinite worth and dignity;
2. The individual has the right to make his/her own decisions;
3. The individual has the potential to choose wisely; and
4. (S)He is responsible for his/her choices.

Acceptance is NOT:

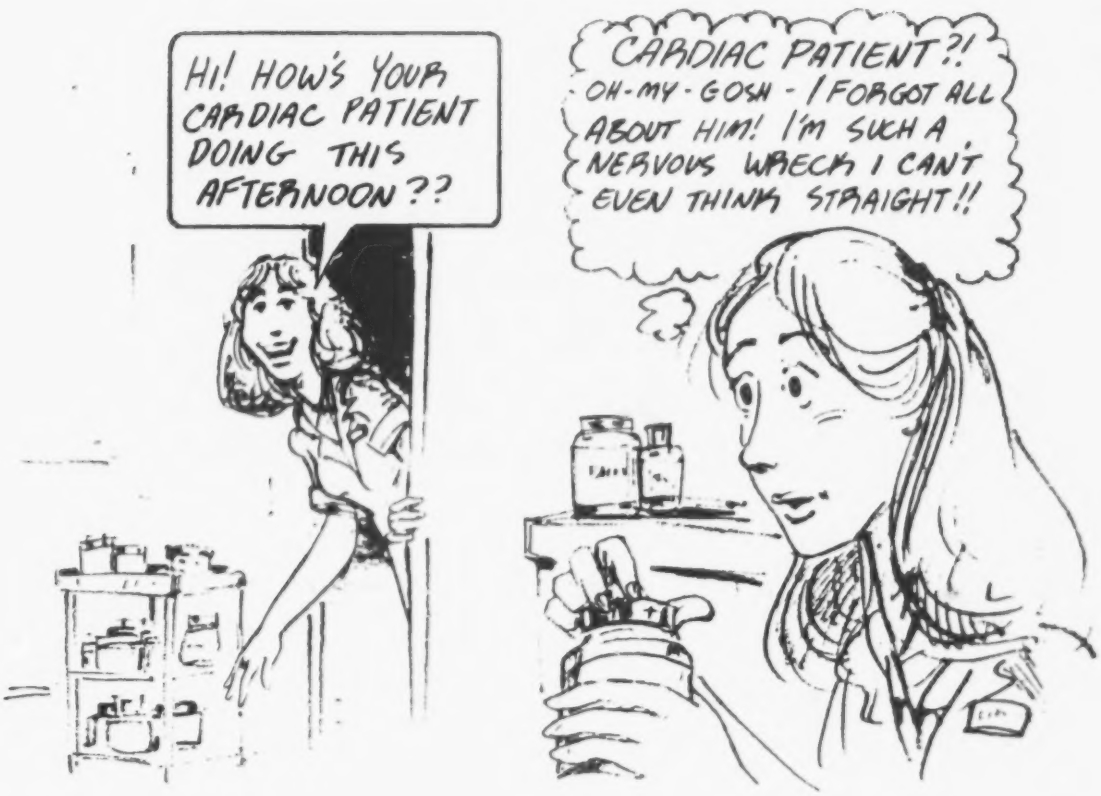
1. Approval
2. Agreement
3. Neutrality
4. Sympathy

How do we communicate with someone who has established a habit of communicating ineffectively?

1. Try harder;
2. When not talking, listen;
3. When not listening, accept responsibility for poor communication.

PART II

PRINCIPLES OF LEARNING AND TEACHING


HI! HOW'S YOUR CARDIAC PATIENT DOING THIS AFTERNOON??
CARDIAC PATIENT?! OH-MY-GOSH - I FORGOT ALL ABOUT HIM! I'M SUCH A NERVOUS WRECK! I CAN'T EVEN THINK STRAIGHT!!

A little anxiety is a stimulus to learning - too much is overwhelming and inhibits learning.

PRINCIPLES OF LEARNING[5]

1. Human beings have a natural potentiality for learning.
2. Moderate anxiety tends to stimulate learning, low or extreme anxiety tends to inhibit learning.
   A. Learning which involves a change in self organization - in the perception of oneself - is threatening and tends to be resisted.
   B. When the emotional climate is such that the student feels threatened, learning is inhibited. If the emotional climate is neutral, mildly positive or negative, effective learning can take place. Little learning can take place if the emotional climate is extreme.
   C. When threat to the self is low, an experience can be perceived in a differentiated fashion and learning can proceed.
3. Material meaningful to the individual is learned more readily and remembered longer than material that is not meaningful. (If you have any doubts about this, think about how long it takes a teenager to learn to drive a car!)
   A. Relating a new concept or idea to a known experience or idea increases the meaningfulness (i.e. relating the new concept of sterility to the known concept of cleanliness).
   B. For material to become meaningful the learner must be able to discriminate one concept, skill, or attitude from another. Pointing out similarities and differences is helpful.

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4. An individual must be motivated in order to learn.

   A. In order to maintain motivation and be self directing a student must receive satisfaction from learning.

   B. Moderate amounts of dissatisfaction can stimulate learning, but too much failure and dissatisfaction discourages future attempts.

   C. Satisfaction reinforces learning. You can increase satisfaction by:

      1) Making the atmosphere or emotional climate as pleasant as possible;

      2) Making the learning meaningful;

      3) Giving approval and encouragement;

      4) Setting realistic goals and not making the learning too difficult.

5. Significant learning is often acquired through doing.

   A. Effective learning requires active participation.

   B. Significant learning is maximized when the student:

      1) Chooses her own direction;

      2) Formulates problems;

      3) Decides her own course of action;

      4) Lives with the consequences of her choices.

6. Physical and mental readiness are necessary for learning.

   A. Readiness is related to whether or not the student is <u>able</u> to learn, not her willingness or motivation to learn.

7. Strengthening associations between ideas enhances the ability to transfer knowledge or skill from a known situation to a new one.

   A. New learning is based on previous knowledge and experience.

   B. In order to transfer knowledge or skill the student must recognize how a new situation is similar to a known situation.

8. Retention is fostered through finding meaning in material to be learned, applying newly learned material to a practical situation, and learning over a period of time.

9. Repetition strengthens learning.

10. Conditioning is a process of learning.

   A. We tend to avoid things we get hit with. If a learning experience proves to be painful, embarrassing, or very uncomfortable we will tend to avoid it.

11. The process of trial and error is a way of learning.

   A. This process is wasteful in terms of time and energy, however sometimes it is unavoidable.

12. Learning occurs through imitation.

   A. Learning can be an unconscious process through identification with someone who is held in esteem.

13. Self-initiated learning which involves the whole person of the learner, feelings as well as intellect, is the most lasting and pervasive.

PRINCIPLES OF TEACHING[6]

1. Good teacher-learner rapport is important to teaching.
   A. Establishing a good relationship is important to any cooperative effort.
   B. It's not necessary for the learner to like the teacher - but it helps.
   C. The learner must feel free to ask questions and safe to make mistakes.
2. Teaching requires effective communication.
3. Learning needs must be determined.
   A. Direct ways of determining learning needs:
      1) Student may tell you what she needs to know or show you her objectives which communicate her learning needs.
      2) Student may indicate learning needs by questions she asks or comments she makes.
      3) Student may display behavior that indicates learning needs.
      4) You may ask questions to determine learning needs.
   B. Indirect ways of determining learning needs:
      1) You may make assumptions about learning needs based on your own education and experience.
   C. Assumptions may help in getting facts, but it's better to deal with facts.
4. Objectives serve as guides in planning and evaluating teaching.
5. Planning time for teaching and learning requires special attention.
   A. It isn't easy to take time out of a busy day or even find a

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secluded spot where you can talk quietly with the student. Planning for this in advance helps to insure that it happens.

6. Learning principles must be applied appropriately.
   A. For example, involving the student in active participation in a learning activity fails to facilitate learning if the student's anxiety is extreme.

7. Teaching skill can be acquired through practice and observation.
   A. Feedback and evaluation of teaching skills is important.
8. Evaluation is an integral part of teaching.

PUTTING THE PRINCIPLES INTO PRACTICE[7]

The preceding principles of learning and teaching can be put into practice during the preceptorship. As a preceptor, your role is comprised of 4 main components: role model, designer of instruction, resource person and facilitator. These 4 roles, and the behaviors appropriate to each, will be considered separately in this section. (The questions included in this section provide a means of translating teaching theory into specific preceptor behavior which can be objectively measured by you and your student.)

The Preceptor as Role Model

This is an extremely effective mode of teaching, yet it is one which you cannot "prepare for". The student learns by observing, analyzing, and questioning your style of practice, interactions with clients and colleagues, and response to the multitude of personal and professional demands made upon you. However, as a role model, you do have the responsibility of maintaining a level of self-awareness which allows you to reflect on your behavior, motives and feelings with the student. This provides the student with the rationale underlying your observable actions and decisions.

How many times did you meet with the student? Did you allow her an exchange of feedback?

Did you feel there was open communication and trust between you and the student?

Did you offer support to the student? How?

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[7]A major source for this information was A Role Guide and Resource Book for Clinical Preceptors, written by John L. Simon, M.P.A., Published by the U.S. Department of H.E.W., Publication No. (HRA) 77-14, September, 1976.

The Preceptor as Designer of Instruction

For you, acting as a designer of instruction may be the most unfamiliar teaching role. This role emphasizes the planning phase of the instructional process and formalizes the function of structuring the teaching/learning experience. Each behavioral objective should be analyzed by you and the student in an effort to determine the specific clinical activities which will lead to the fulfillment of the objectives. These clinical activities will then constitute the plan which will be implemented and eventually evaluated.

Did you and the student take the opportunity to discuss each other's expectations for the learning experience?

Did you give the student an orientation?

Did you introduce her to the staff?

Was the student accepted, made to feel a part of the staff?

Did you analyze, <u>with</u> the student, the meaning of her objectives?

Were you able to provide/suggest useful and interesting experiences to meet her objectives?

Did you plan the educational experience with the student?

Was there optimum use of the student's time?

Based on the agreed upon objectives and the plan for implementing the instruction, did both you and the student participate in ongoing evaluation of the student's progress?

The Preceptor as Resource Person

The student should be encouraged to utilize the most appropriate resource available to her which, in many cases, will <u>not</u> be you. Often, due to your availability, students do not take advantage of other resources. You should be used as a resource only when it is determined that you are the most appropriate source of instruction in a particular knowledge or skill area.

Were you willing to share your expertise?

Did you take the time to demonstrate procedures, etc., when appropriate?

Were you able to assist the student in finding other resources when appropriate?

Were demonstrations and explanations clear to the student? How did you know?

The Preceptor as Supervisor

The primary goal of clinical supervision is to increase the student's professional autonomy. You facilitate this process by creating conditions which encourage the student to take the initiative in examining and modifying her behavior and/or knowledge. Clinical supervision demands the most passive role for you and the most active role for the student.

Did you feel you provided appropriate supervision?

Academic?

Clinical?

Did you have weekly conferences with the student?

Did you share your viewpoints with the student?

Did you encourage self initiation, individuality, self expression and self evaluation?

Although the four teaching roles have been considered separately, in reality of course, it is not possible to make a clear distinction among them. You will find yourself moving from one role to the other depending on the circumstances.

PART III

PROVIDING THE STUDENT WITH CONSTRUCTIVE FEEDBACK

THAT EXAM WAS WELL DONE - YOU WERE THOROUGH, YOU ASKED ME TO CONFIRM YOUR FINDINGS WHEN APPROPRIATE, AND YOU KEPT YOUR PATIENT WELL INFORMED.

The best type of feedback is immediate and specific.

FORMAL AND INFORMAL FEEDBACK[8]

During the time span that you are a preceptor to a student, you will find yourself in numerous situations in which feedback can be given. There are two ways to go about giving this feedback to the student: formally and informally. You will be involved in both.

The key to informal feedback is spontaneity: giving information about performance during or immediately following some behavior. Formal feedback is delayed. It is usually associated with large events such as evaluation time or the weekly meetings you will be having to review the student's progress over a period of time.

Advantages of spontaneous, informal feedback have been highlighted by Veninga (1975, p. 2): Problems are handled as they occur, support is given at the time it is most needed, and anxiety can be alleviated by knowing the job is being done correctly. Veninga also pointed out that people tend to place more trust in informal feedback because they feel the communication is spontaneous and is given without the pressure of organizational policy.

Although there are definite advantages to informal feedback, formal feedback should be given on a systematic basis. This will occur for the student upon completion of the preceptorship as mentioned earlier.

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[8]The material in this section is from Hammerstad, S.M., and Murphy, M.L. On Precepting: A Partnership. Stanford, California: Stanford University Hospital, 1979. Permission to use the material was obtained from the authors.

PRINCIPLES FOR GIVING FEEDBACK[9]

In order for feedback to be useful to someone, the person must understand the feedback, accept it, and be able to do something with it. (Anderson, 1968, p. 23) In addition to using the counseling skills described earlier, the following principles should guide you in giving useful feedback.

To facilitate someone's being able to understand your feedback, avoid generalizations about behaviors. Instead, give specific examples to the new nurse. For instance, don't just say, "You're doing a good job." Try to tell her more specifically what she is doing well. Also, use recent examples of the behavior that you are commenting on so that the circumstances will be clear.

FOR THE MOST PART YOU SEEM TO BE DOING WELL WITH YOUR PATIENT ASSESSMENTS
I WONDER WHAT SHE MEANS BY "FOR THE MOST PART"?? AND WHICH PATIENTS IS SHE REFERRING TO???

In order for someone to accept feedback from you, particularly if it is on the negative side, this person must believe that you care for

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her and that your motives are in her best interest. Furthermore, negative feedback is easier to accept if you describe what you have seen and the effect it had on you. (Anderson, p. 24) The use of "I" statements at this time is most helpful. By using "I" statements, you help prevent defensive behavior from occurring. (Wismer, 1978, p. 122) For example: "I feel upset when you behave like ..."

In deciding when to give a person feedback, consider the present circumstances. If the person has just experienced an emotionally upsetting episode, then it would probably be more appropriate to delay feedback. Or, if the student is presently extremely busy with patient care, she might not be able to really hear your message.

If, on the other hand, the student is seeking feedback from you about a specific situation, the likelihood that your feedback will be accepted is great.

Not only is the timing of your feedback a consideration, but privacy is an important factor also. Although it may be difficult to find a quiet, private place on the nursing unit, care should be taken to insure that the student will not be unnecessarily embarrassed in front of others .

Feedback data should be validated with the student. To do this, you can describe the behaviors, then check out your assessment of the situation for accuracy before offering suggestions for improvement. (Kramer, 1977, p. 171) For example: To a student team leading.

> "There were five patients scheduled to go to surgery today. The operating room nurse reported that two of those patients' charts were incomplete and that for one of those patients the pre-op medication was 45 minutes late. It looks as if you are

having difficulty with surgical preparation routines. I want to check this out with you."

Lastly, in order for the feedback to be useful, the student needs to be able to change the behavior involved. If what you are focusing on has to do with physical characteristics or personality quirks that someone has had for years, there is probably little change that can take place. If you think someone's attitude should change, be prepared for the fact that it will take time. Kramer (1977) points out that attitudes rarely change as the result of verbal feedback (p. 170). She suggests that changing the behavior surrounding the attitude may be all that is possible. For example: Suppose the student has the opinion that all nursing assistants are lazy. This gets demonstrated by speaking to them in a demeaning way. In this situation, it would be easier and faster for the nurse to change her manner of speaking rather than trying to change the attitude behind it.

Several principles have been presented for you to consider. If you could implement all of them all of the time, you might possibly stifle the new nurse. On this point, Anderson says:

> "But it will no doubt be impossible to meet all of them (principles) all the time and still have something to say. In such cases it is appropriate to take prudent risks -- to be open more than closed, experimentally -- and see what happens. If you at least really intend to help -- and there is no doubt that you intend to help by the manner in which you say what you say -- then a good deal of clumsiness is almost certain to be overlooked by the receiver." (1968, p. 26)

HANDLING PROBLEM BEHAVIOR[10]

Occasionally, you will find yourself in a position to handle problem behavior on the part of the student. Depending on the behavior involved, it might be more appropriate for some problems to be handled by the RCNP coordinator or faculty advisor. However, since you will be working so closely with the individual, you might find yourself counseling the nurse to change the behavior involved.

Prior to entering this kind of counseling, you might find it helpful to examine your belief system as it relates to the motivations of others. Fournies (1978) says, ". . . if you believe the wrong things about your subordinates, those beliefs will be the basis for you to do the wrong things to solve problems . . ." (p. 73) So ask yourself: Are you a Theory X person or a Theory Y person? Theory X people assume that most individuals find work distasteful, have no responsibility, lack ambition, and prefer to be directed.

IF I DON'T KEEP AFTER HER. I KNOW SHE'LL FORGET TO CHECK THE I.V.s
SHE KNOWS HOW IMPORTANT IT IS TO KEEP THE I.V.s ON TIME. I'M SURE SHE'LL WATCH THEM CLOSELY

On the other hand, Theory Y people believe that individuals will be

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self-directed in the accomplishment of objectives. They will work as hard as they play or rest. Under the proper conditions, the average person not only seeks, but accepts, responsibility. (McGregor, 1960, pp. 33-34) If you enter the counseling session with the belief that this student really will not improve unless you "sit on her", then you would be doing both yourself and the nurse a disfavor. On the other hand, if you believe that this person can change and wants to learn, you will probably approach the person in a more helpful fashion. In addition to examining your beliefs prior to counseling, you should do a problem analysis. By going through such a process, you may find the solution to handling the problem is other than counseling.

In analyzing the problem, you must first identify--as specifically as possible--what the performance problem is. (Mager and Pipe, 1970, p. 9)

Once you have identified the problem, consider its importance. If the problem is not important, ignore it. (p. 15) This may sound like a simple step, but sometimes we have very strong feelings about relatively minor things.

Once you have identified that the problem is important, you should decide if there is a skill deficiency or not. It there is a skill deficiency, examine the situation from three sides:

1. Has the student ever done the skill before? If not, the solution to the problem is to show the student how. There may be many skills which will be new to the student.

2. Has the student forgotten how to do something because the skill is not used very frequently? Did she start only one I.V. in the past? Practice might take care of this situation. Perhaps she could start all the I.V.'s on your team for a week.

3. Is the skill done regularly but incorrectly? The probable cause of the problem then is that the student is lacking feedback on how to do it correctly. (p. 34)

It is interesting to note that fifty percent of non-performance problems are due to lack of feedback. (Fournies, 1978, p. 103) If people are not permitted to know the results of their actions, they cannot make effective changes.

If you decided that the performance problem is not a skill deficiency, then something other than instruction is required. Again, examine the situation from three sides:

1. Is the student being punished in some way for doing the right behavior? (Mager and Pipe, 1970, p. 53) Is there an undersirable consequence? When asking this question, keep in mind that the consequence is undersirable to the student. For example, you may be working with her on getting organized in the morning routines of the unit. If becoming organized means that she will get to care for even more patients tomorrow, then getting organized may not be what she really wants to do or work towards!

2. Does the student get favorable consequences from non-performance or other performance?

3. Is the behavior that you want to occur being rewarded? In other words, is there a favorable consequence for the desired performance? If the new nurse is doing something well or correctly, is it

acknowledged and/or reinforced?

As you continue to analyze the situation, there are other questions to consider:

- Are there obstacles preventing the student from functioning? Perhaps the reason the patients' vital signs were not taken was a lack of available stethoscopes, as opposed to lack of organization.
- Does the student know that the behavior is a problem? If change-of-shift report always gets started fifteen minutes late, she may not see the need for being to work on time just to sit around for fifteen minutes. The student knows being late to work is not good, but the lateness has not caused any difficulties.

If, after analyzing the problem, you decide that the student could do it if she wanted to, then you need to redirect the student behavior by using a coaching discussion. (Fournies, 1978, p. 133)

As you begin a coaching discussion, you must first get the student to agree that a problem exists. As mentioned before, sometimes people know that their behavior is wrong but are not aware that it causes any problems. The only way that you will know if you have achieved this initial step is for the student to actually verbalize that a problem exists. (p. 137) This initial step will possibly take up fifty percent of your counseling/ coaching time but is essential to accomplish before proceeding with

your discussion. (p. 137) In coaching the student to recognize the existence of a problem, you would identify the specific behaviors involved as well as how often the behavior takes place and the consequences of the behavior (to you, the other nurses, the patients, etc.)

The second step is to mutually discuss alternate solutions. (p. 149) This could be much like a brainstorming session where as many ideas as possible are generated without any attempt to argue the merits of one idea over the other. It is preferable that the ideas be generated by the student. Specific ideas will be more helpful and constructive rather than simple statements such as, "I'll try harder." (p. 150)

The next step is to mutually agree on the action to be taken. Although several ideas may have been generated, the student will probably prefer some of the solutions more than others. Together you decide what will be done and when. As with the second step, the student should be the one to verbalize what she will do.

Once there is a commitment on the part of the student to change her behavior by certain means, it is up to her to do this. Your responsibility, however, also continues. You will have to continue to demonstrate the importance of your discussion by follow-up with the student. If the student made the change but you did not follow up and, therefore, recognize the change, then no reinforcement can be given. Chances are that undesirable behavior will then recur. (p. 156)

The recognition of achievement is extremely important in correcting problems. The sooner the reinforcement occurs following the behavior,

the greater its influence. (pp. 161-162) For example, if the student takes care of her tardiness problem, it is better to acknowledge the behavior change early rather than wait for a month.

As a preceptor, particularly if this is your first time in this role, you may feel a bit uneasy. The following are questions that preceptors commonly have. We hope the answers will serve to relieve some of your anxiety as you take on this new role.[11]

QUESTION	ANSWER
What have I gotten myself into? I'm not sure I have the knowledge or the skill to teach students.	You may be unsure as to whether you have the necessary knowledge and the skill to teach, but your head nurse/supervisor feels you do. That's why we picked you. We aren't looking for perfection. We are looking for someone who is competent in their field and willing to share their knowledge and we think you're qualified.
I have the feeling the student will be watching every move I make? What if I don't look good? I'll bet the student will be secretly critical of me.	Yes and no. There isn't much doubt that the student will be watching you pretty closely, especially at first. But our experience has been that students are rarely critical of

[11]The material in this section is from the manual, Survival Kit: A Manual For Preceptors developed for the W.K. Kellogg Foundation funded Preceptorship Project at Ohlone College, Fremont, California, 1980. Permission to use the material was obtained from the authors.

QUESTION	ANSWER
	their preceptor's skills and expertise. Most commonly we hear students remark, "I'll never be able to be as efficient as my preceptor."
What if I don't do something the way the student was taught?	Good! In most situations there is more than one way to do things right. Showing the student alternatives can be effective in increasing overall learning. You've always known the correct underlying principles that are still taught in school so--"Variety is the spice of life."
What if I make a mistake?	Much as we may dislike thinking about it, everyone makes mistakes from time to time. By acknowledging mistakes and taking corrective action you can serve as an effective role model to the student.
Well, maybe the student won't be critical . . . but silly as it may sound, I think if the student follows me around and	That's understandable. Fortunately, once the student is oriented to the facility and becomes more independent, she will

QUESTION	ANSWER
watches every move I make, it will drive me crazy.	be far too busy to follow you around and watch every move you make. The student has objectives to meet during the placement - she will be doing patient care, medications, treatments, charting, team leading, visiting other health care agencies, etc.
What if I just can't work with the student?	Occasionally, personality differences occur. If you are having difficulty working with your student, talk with the RCNP Coordinator. She may be able to help pinpoint and resolve the difficulty. If not, it is possible to rearrange student assignments so that both the student and the preceptor can get the most out of the experience.
I'm concerned about the quality of patient care. Can the student handle the responsibility without making a mess of things?	Remember, the student doesn't have to lead a team the first day. You will be working closely together as she gradually assumes more responsibility so you will have a pretty good ideal of what the student is able to do.

QUESTION	ANSWER
How closely do I have to watch the student?	That's a tough one. As you get to know the student and her capabilities, she will require less and less supervision. But it's hard to let go. It's also difficult to let the student struggle with a problem when you can easily come up with a solution. You may find that her anxiety level is going down while yours is going up! Hang in there. The outcome of the struggle can be a positive learning experience.
As a preceptor, what are my legal responsibilities?	Unfortunately, at the present time, there are very few specific, written guidelines governing the student/ preceptor relationship. The students participating in RCNP must all carry professional liability insurance. In addition, each facility will have specific policies and regulations which are applicable to students. These may be formal, written policies or may be flexible and informal. In either case, you will need to discuss

QUESTION	ANSWER
	the legal aspect of the preceptorship with the agency administrator and familiarize yourself with these policies. Some of you may be working with students who are licensed, practicing nurses returning to college to obtain a Baccalaureate Degree. Even the most competent, experienced nurse is still operating as a student while in the facility. Thus, though the supervision necessary for this type of student may be minimal, it is essential to remain aware of the fact that you are still, in part, legally responsible for the student's actions.
What if something comes up with the student and I don't know what to do?	I'm glad you asked that! Here is where the RCNP staff come in. Call the RCNP coordinator--she is almost always available to assist you in any way she can. You will be given the RCNP coordinator's office and home phone numbers. Call either number anytime!

QUESTION	ANSWER
What if the student is unable to successfully complete the preceptorship?	In spite of how good you are and how hard you try, occasionally a student may fail. Remember, you have the RCNP coordinator to support and help in making this decision. The fact that a student fails does NOT mean that you have failed as a preceptor.
I'm not sure I'm a very good teacher.	You may be surprised. You have practical, day-to-day knowledge and expertise to function effectively as a nurse or practitioner. Watching you and working with you gives the student a chance to see "real nursing" in action. Be yourself. You don't have to know sophisticated teaching techniques. Students will learn from watching you whether you are doing a mundane daily task, delivering patient care, or making a complex clinical judgment. And that's something they don't see in the classroom.

CONCLUSION

We hope this handbook has been useful in providing both an introduction to our program, and some practical suggestions to apply during the student placement.

Of course, this handbook cannot answer all your questions, but we are always available to discuss any aspect of our program or assist in any way during the placement.

We extend our sincerest appreciation for your time and efforts as a preceptor. We are certain that you will find it an enjoyable and enriching experience!

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APPENDIX A

RCNP COMMUNICATIONS OVERVIEW

The following overview outlines the structure of RCNP from the initial contact through the final evaluation phase.

Communicators	Communications
RCNP -- Faculty Advisor	Introduce and explain RCNP
Faculty Advisor -- Student	Explain RCNP
Student -- RCNP Coordinator	Submit application
RCNP Coordinator -- Student's Faculty Advisor	Obtain recommendation for student's participation
RCNP Coordinator -- Student	Discuss learning objectives and possible placement sites
RCNP Coordinator -- Agency Representative/Preceptor	Discuss possible placement
RCNP Coordinator -- Student	Confirm placement
RCNP Coordinator -- Preceptor	Confirm placement
RCNP Coordinator -- Housing Provider	Discuss housing
RCNP Coordinator -- Student	Discuss housing
Student -- Preceptor	Telephone contact and/or meet prior to placement
Student -- Housing Provider	Telephone contact to discuss questions; details of housing
Faculty Advisor -- Preceptor	Faculty sends course objectives and evaluation form
RCNP Coordinator -- Students	Orientation
Student -- Housing Provider	Arrival
Student -- Preceptor	Arrival
RCNP Coordinator -- Student	Telephone contact to insure that placement and housing are satisfactory
RCNP Coordinator -- Preceptor	Telephone contact to discuss progress of placement and any possible problems
RCNP Coordinator -- Housing Provider	Telephone contact to insure that housing situation is satisfactory
Sequence may vary: RCNP Coordinator -- Student -- Preceptor	Site visit
Sequence may vary: RCNP Coordinator -- All Students presently participating in RCNP	Seminar
RCNP Coordinator -- All Students presently participating in RCNP	Closing seminar and evaluation
Student -- Preceptor	Written evaluations exchanged
Student -- Housing Provider	Written evaluations exchanged
Preceptor -- RCNP	Preceptor evaluates RCNP placement
Faculty -- RCNP	Faculty evaluates RCNP placement

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APPENDIX B

RESPONSIBILITIES OF RCNP PARTICIPANTS

The following information summarizes the responsibilities of those participating in RCNP - preceptor, student, faculty and RCNP staff.

Preceptor

Become informed as to the goals of RCNP, by reviewing the written material provided and discussing the placement experience with RCNP staff.

Become informed as to the student's learning objectives. These will be sent to the preceptor prior to the student's placement.

Review the learning objectives with the student on the first day of her placement.

Determine, with the student, the clinical experiences that will help the student meet these learning objectives.

Develop a written plan with the student that will provide for the necessary supervision and consultation. The student and preceptor must be "on duty" at the same time unless prior arrangements are made for an equally qualified health professional to assume responsibility for supervision and/or consultation.

Decide upon a weekly conference time (30-60 minutes). The purpose of the conference is to review the student's progress in achieving the learning objectives; identify and work on solving any problems; plan for special learning experiences; and keep communication open.

Orient the student to the clinical facility - personnel, policies, procedures and physical plan.

Assist the student to become acquainted with the people and activities of the community.

Maintain verbal and/or written communication with the student's faculty advisor as mutually agreed upon. This communication will be initiated by the faculty advisor.

Participate in the site visits made by RCNP staff.

Inform RCNP if any problems arise during the student's placement.

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Prepare a written evaluation of the student's progress in meeting her learning objectives. Also evaluate the student's attitude and the manner in which she demonstrates a professional commitment to patients, staff, preceptor and agency. The specific form will be provided by the educational institution. Send a copy of the completed form to RCNP.

Evaluate the total preceptor/student experience as requested by RCNP.

Student

Prepare specific learning objectives - have them approved by your faculty advisor.

Complete all necessary pre-placement paperwork and mail it to RCNP at least 7 weeks prior to requested placement date.

Application	Pre-Placement Questionnaire
Learning Objectives	Housing Questionnaire
Student Statement	

Communicate with preceptor and housing provider by phone 1-2 weeks prior to placement.

Participate in: 1) orientation at CSU, Chico, on first day of placement; 2) 1-2 seminars during placement; 3) 1 site visit during placement; 4) closure session at CSU, Chico on last day of placement.

Perform within the administrative framework of the agency.

Seek direct and indirect supervision from the clinical preceptor or designated qualified alternate.

Schedule a weekly conference with the preceptor.

Inform clinical preceptor immediately in case of illness or accident during placement.

Contact RCNP staff by telephone when problems arise in the clinical placement setting or community.

Maintain professional liability insurance or provide documentation of the coverage provided by the nursing program.

Maintain automobile liability insurance with coverage of at least $10,000 property damage.

Assume responsibility for any personal medical costs incurred during this clinical placement.

Be responsible for travel, living expenses, and other expenses incurred as part of this clinical experience.

Maintain daily journal including information on both objective and subjective levels.

Visit local Chamber of Commerce to obtain information about area of placement.

Complete learning objectives and course objectives.

Complete post-placement paperwork at RCNP Office during closure.

- Post-Placement Questionnaire
- Projected Employment Plans
- Evaluation of Placement Experience
- Evaluation of Housing Situation
- Evaluation of Preceptor
- List of People Who Made a Significant Contribution to Your Placement Experience

Complete longitudinal study forms once a year during the first five years following graduation.

Faculty Advisor

Inform students regarding RCNP.

Select educationally prepared students for placement experience and provide a written evaluation prior to placement.

Assist the student in the preparation of appropriate learning objectives to be submitted to RCNP approximately 7 weeks prior to requested placement date.

Determine the units of credit to be granted the student who successfully completes this clinical option.

Provide the student with specific information regarding the requirements the student must fulfill for completion of this preceptorship course.

Send RCNP a copy of the outline of the course under which the student will be participating in the preceptorship.

Provide evaluation form for student and clinical preceptor to complete at the conclusion of the student's experience.

Submit an evaluation of the student's learning experience to the RCNP Center upon completion of the experience.

Be available by telephone to collaborate with the health agency clinical preceptor and RCNP staff.

RCNP Staff

Identify health facilities that can provide positive learning experiences for students.

Identify, with the assistance of appropriate administrative personnel, qualified preceptors.

Orient faculty to the program, its goals and methodology. Assist faculty in the implementation of RCNP within their curriculum. Provide faculty with information regarding the progress of her student's placement experience.

Determine an appropriate clinical placement site for the student.

Locate economical housing for students. Students will not be placed in a community unless adequate housing is identified.

Provide the health agency and housing provider with information about the student prior to her arrival.

Provide the educational institution with information about the health agency and clinical preceptor prior to the placement of the student.

Orient clinical preceptors and housing providers to the placement program and their role in RCNP.

Orient students to the program, the community, and the assigned agency as well as their responsibilities as participants in this placement program.

Obtain documentation demonstrating that each student is covered by professional liability insurance.

Be available for consultation by telephone or in person to students, faculty, clinical preceptors and housing providers. Facilitate communication between the preceptor, student and faculty member.

Make regular and requested visits to clinical placement sites where students are assigned.

Conduct student seminars every 3-4 weeks.

Obtain a written and/or verbal evaluation of the learning experience from the preceptor, student and faculty member involved.

APPENDIX C

EXCERPTS FROM STUDENT LOGS

"Today was a scary day. So many days, or maybe it would be better to say, so many months, I have been waiting for this day, the first day of my rural nursing experience. When it came down to this day I got cold feet and I wanted to turn around and go home but I knew I had to go forward. I left the comfort of my sister's home at 7:30 and my adventure started.

Chico State was beautiful with its red brick buildings and graceful big, old trees. It was good to meet the other girls and to know I was not alone and that they were nervous too. We went over the general objectives for the program but I think I only heard a few words.

We ate lunch by a stream that runs right through the campus. After lunch I called Cheryl, whom I was to live with for six weeks, I felt the hair curl on my back when I called, what do you say? That was the worst part of the whole day.

I drove into Susanville at about 4 pm. What a sight to drive around the corner of a mountain pass and look down on a green lush valley with a small town snuggled on the side of the hill.

I met Cheryl at the Coffee Hut and we then drove to her ranch. She and Tom have been married 41 years and haved lived on this ranch since 1952. They have one son that lives in a home that he is in the process of building, which is about 1/2 mile away. I can't believe my room. The room is filled with antiques and there is a large brass bed with a crochet bedspread. There are 6 pairs of cowboy boots on the floor and three shot guns against the wall. There are flowers on the windowsill and through the window you see a barbed wire fence and miles of alfalfa blowing in the breeze ending with mountains framing the sky.

I hit it off well with the family and felt very good; happy to be there. What a day, one that I will always remember."

"That night seven of us drove up to Greenville to a street dance. The town closes their main street and has a party. There must have been a thousand people there, bikers, cowboys, and Indians. I danced all night on the broken bottles and beer cans to the sounds of a country band. I learned to do the Oakie stomp. We ended by going to the Plumas Pines Inn by the lake and danced until 2 am."

"Today I felt a little homesick. I got some pictures back today that I had taken just before I left home and it reminded me of everyone I left behind. However, as I was feeling homesick, people started coming to the door at various times and I directed them to the far side of the ranch where the men were working. I felt like I had lived on the ranch for a thousand years and belonged there. All the people had stories to tell me. The ranch is an exciting place to live."

"I had noticed in the last 2 weeks that stress related illnesses seem to be common. We have seen a few patients in the ER with stress related problems; with symptoms of stomach pain, nausea, uncontrollable shaking, sleeping long periods of time, high blood pressure and poor self esteem. I was surprised to find that people in a rural community would have stress related problems. One nurse said 'In the city you see stress related illness due to pressure at work, here the stress is related to family problems.' I always felt that living in a rural area would be "mellow" and not stressful."

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"Today was our seminar. Interesting day. I still can't remember names but it was a really interesting experience to see how each one's experience differed, how personalities differed. Linda has already been an RN and finds the challenges and type of nursing really much more rewarding than city/urban nursing. She felt much more mechanical in her position in the urban hospital. Some things she discussed that were different to deal with were the importance of not discussing her work, as everyone is familiar with most everyone in the area. People will ask 'How's so and so' and it is difficult, but important to protect the client's right to privacy. She works at night and feels this frees her days to be involved in the community as, like most small towns, outside of the local taverns and softball tournaments, there's not much social life."

"I'm really going to miss this place. This may sound corny, but I was watching Mt. Shasta re-paint itself in darkening hues through the dusk one evening and my eyes teared up. The beauty of the earth as one sees it here is not something that can be described on paper or captured on film. The other night I sat at the edge of the meadow after running and watched two deer nibbling at the grass. It was such a peaceful encounter. I left the deer alone to enjoy their snack and in return they gave me such a magnificent portrait of serenity to treasure forever and repaint in my mind forever. It moves something inside to experience such beauty. All week I've been trying to prepare myself for my departure. I've tried to absorb everything and memorize every line, every detail. I've slowly been packing things in my bag and gradually I've said my goodbyes. Few of my friends here are envious of my return to the city. I can't blame them, I hope that they always appreciate the good earth the Lord has given to us all to take care of.

I will especially miss my buddies from work. They are really SUPER people! Fern says she thinks I'll be back. Who knows? I sure hope so. I would like to end up in an area that needs a lot of energy and a lot of caring because I've been taking in for all these years learning all these theories and all these skills, and I'm good and ready to start dishing out. Whether I end up in a metropolis or in the middle of a hick town is not important. But I want to go somewhere that I can fill a real need and make an impact.

I've learned a lot since I've been here: a lot about people, a lot about politics, a lot about small towns, a lot about rural health care, and a lot about rural poor - AND SO MUCH MORE! I'm so glad I came! Thank God for RCNP! Well, these six weeks have been all that I could have wanted and all that I would never have dreamed of! I hope this program carries on for many more nursing students to grow by..."

"I have found that it is very difficult to write all I'm learning or experiencing in this log. When it happens I say,'this will go in my log.' But when I write it becomes brief. I don't feel that I am conveying just how much I am learning and doing. Often when I write, it has been a long day with many new experiences. I don't feel like writing so it is done briefly. This is a grade for a class but school seems abstract now. I feel like I'm working, not like I'm in school. Maybe I should begin to write more."

"This afternoon was family planning clinic which is my real interest. I sat in on two interviews with Jan to orient myself to the paperwork (each clinic is different as far as paperwork). Then I did two interviews on my own. It's nice that everyone feels confident in my capabilities. Maybe nice isn't the right word. Refreshing! I know I've said it before but I don't feel as though I'm a student. I have confidence in myself now, yet I don't feel as though I have a know-it-all attitude as I did before. I have a lot to learn. How about that, a new word to add to my vocabulary, I feel that I have learned to be humble. I can admit that I don't know and sometimes here I don't know where to get the answers. It feels better. I make mistakes and I can admit it. When criticized I no longer feel jeopordized, because I am not perfect. I hope that train of thought makes sense. I feel as though I have gained knowledge and insight into myself. For the first time in my life I have had time to think about what Karen is all about. I can't change or save the world but I can become reacquainted with myself.

I guess because of school and work I lost sight of what I wanted and who I was. Being up here has given me the time to examine my personal and professional life. To be honest, not humble. I liked what I saw. But there was room for changes. I don't feel as though I could actually place the changes in writing. They aren't tangible to me yet. I don't want to write because I won't follow through. When I write changes or resolutions down and reread them later they seem unimportant, maybe even silly. So these thoughts and changes I will keep to myself. If they have occurred at the end of my stay we will see a growth without actually my putting it in words."

"Things were fairly quiet in the clinic today. We only saw 4 patients from 9 am til noon. One was for allergies, one CHDP physical which John let me do while he observed, one prenatal check (I checked fundal height, fetal heart tones, hematocrit and UA). But the best thing I did today was to do a pelvic and pap on a woman who came in for a recheck because she'd had a Class II pap smear 3 months prior. Also, she was complaining of a vaginitis. I was surprised, but glad, when John suggested I do the exam with his supervision and the patient said she didn't mind. I'd seen so many pelvics done by now I felt fairly confident in the technique and John was great in coaching me along."

"It has really proven to be an interesting and enjoyable experience far beyond what I ever had imagined. When I think back on all of the fantastic people I've met here and everything I've seen and done, I'm amazed.

I'm surely glad I chose to participate in the RCNP program, even with the expense. I feel it was an exciting opportunity I could never have had again. I learned a lot about things I knew very little or nothing about, like rural health and rural living. I also learned a lot about myself as well. I think I would like to live in a place like this some day. The people, with their warmth and friendliness and the lifestyle and pace all suit me and fit into what I think living should be like. But I also discovered that, for now at least, such a small and essentially isolated place would be difficult for me because I'm a single person and not really ready to settle down. There are very few young men around and to be honest I think it would be a bit boring after awhile for me. But when I am ready to settle somewhere I know a place like this would be my choice. And I'm so much more sure that I want to become a nurse practitioner so that I may practice in a clinic setting like my placement. This experience has really reaffirmed my desire to attain this goal."

APPENDIX D

LETTER OF AGREEMENT

The _____, the Rural Clinical Nurse Placement
Educational Institution

Center - California State University, Chico, and _____
Health Agency/Individual

_____ hereinafter referred to as the health agency, agree to

the following responsibilities related to students enrolled in _____
Educational

_____ who are participating in the Rural Clinical Nurse
Institution

Placement Center and receiving field instruction in the above agency.

I. The Educational Institution shall:

A. Select educationally prepared students for this rural clinical placement experience.

B. Provide for a nursing faculty member to collaborate with the health agency clinical preceptor and Rural Clinical Nurse Placement nursing staff.

C. Approve the student's learning objectives which will then be sent to the RCNPC and the Clinical Preceptor.

D. Determine the units of academic credit to be granted to the student who successfully completes this clinical option.

E. Provide an evaluation form for the student and clinical preceptor to complete at the conclusion of the student's experience.

F. Submit an evaluation of the student's learning experience to the Rural Clinical Nurse Placement Center upon completion of that experience.

II. Rural Clinical Nurse Placement Center - California State University, Chico shall:

A. Have nursing staff available at all times for consultation to students, faculty, and clinical preceptors.

B. Make regular and requested visits to clinical placement sites where students are assigned.

C. Provide the health agency with information about the student prior to his/her arrival.

D. Notify the educational institution of the placement site and preceptor the student will be assigned to.

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E. Orient clinical preceptors to the placement program and their role as clinical preceptors as needed.

F. Orient students to the program, the community, and the agency to which assigned as well as their responsibilities as participants in this placement program.

G. Obtain documentation demonstrating that each student is covered by professional liability insurance.

H. Will not assume financial responsibility for student while he/she is participating in this placement program.

III. The Health Agency shall:

A. Provide each student with clinical experiences necessary to meet his/her learning objectives.

B. Designate an appropriate staff member to act as the clinical preceptor who will assume responsibility for student supervision.

C. Provide the resources needed for a desirable learning climate.

D. Assure that staff is adequate in number and quality to insure safe and continuous health care to individuals.

E. Provide Rural Clinical Nurse Placement nursing staff and faculty access to the agency and agency staff.

F. Orient Center staff or faculty and students to the agency purposes, policies, and procedures.

G. Within its limited service capabilities provide emergency care for students in case of injury, with any financial liability assumed by the student for that service.

H. Shall not financially compensate any student receiving academic credit according to this Agreement nor shall students be considered employees of the health agency.

I. Have the right, after consultation with the Rural Clinical Nurse Placement Center and the educational institution to refuse to accept or continue any nursing student, who in the health agency's judgment, is not participating satisfactorily or safely in this placement.

J. Any problem reflecting on the qualifications of a student shall be immediately called to the attention of the Rural Clincal Nurse Placement Center and the educational institution.

K. Maintain standards accepted by appropriate accreditating bodies, as applicable.

L. Participate in written evaluations of the student's performance and of the Rural Clinical Nurse Placement Center.

IV. The parties of this Agreement shall not discriminate against any student because of age, sex, or national origin.

V. Financial responsibility:

By this Agreement none of the parties incur any responsibility for financial exchange whether in monies or in kind.

VI. Period of Agreement:

This Agreement shall be in effect beginning _____, 19__ and shall remain in effect for one year from the date of Agreement or until terminated by one of the parties who shall provide three (3) months written notice of their decision. This Agreement automatically terminates upon the completion of the Rural Clinical Nurse Placement Center.

VII. This Agreement may at any time be altered, changed or amended by mutual agreement of the parties in writing.

IN WITNESS WHEREOF, this Agreement has been signed by and on behalf of the parties identified above.

For the Educational Institution:

By_____ Date_____
Chairperson, Nursing Program

By_____ Date_____
Representative of Educational Institution

For the Rural Clinical Nurse Placement Center:

By_____ Date_____
Director

For the California State University, Chico:

By_____ Date_____
Director of University Services

For the Health Agency:

By_____ Date_____
Nursing Service Administrator

By_____ Date_____
Agency Administrator or Physician

APPENDIX E

INSTRUCTOR STATEMENT

Student _____ School _____

Instructor _____ Date _____
(signature)

1. Please describe how well you know _____. Include the setting and/or types of situations in which you have known _____, and the length of time you have known _____.

2. Please describe this student in terms of the following: maturity, level of independence, basic nursing skills, need for supervision, assertiveness, and level of self-awareness.

3. Please describe the student's strong points and weak points.

4. What do you understand to be _____ reason for wanting to participate in RCNP?

5. Do you recommend this student without reservation?

6. Additional comments:

Please return this form within two weeks.

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APPENDIX F

STUDENT APPLICATION

Rural Clinical Nurse Placement Center

Application

Name: _____ Phone: _____

Street: _____ City: _____ Zip: _____

Age: _____ Sex: _____ Social Security No.: _____

Please check the applicable box and complete the indicated sections:

☐ I am a student nurse and plan to receive academic credit from my nursing program. (Please complete section A, B, and D)

☐ I am a student nurse and plan to receive academic credit through the CSU, Chico extension course. (Please complete section A and D)

☐ I am a RN and plan to receive academic credit through the CSU, Chico extension course. (Please complete section C and D)

/ / I am a RN and interested only in BRN CE credit. (Please complete section C and D)

A

1. Name of school: _____
2. Expected date of graduation: _____
3. When will you be in your senior year of nursing? _____
4. Name and address of two nursing instructors who could provide reference statements: _____
5. For those of you who are requesting a community health experience, what community health theory course have you had? _____

B

1. Name of instructor on your campus to whom you will be responsible: _____
   Office Phone: _____ Home Phone: _____
2. Name of nursing course to which this academic credit will be applied: _____
3. Have you reviewed the *Summary Packet for Student-Faculty Review* available through your school's nursing department?
   ☐ Yes ☐ No

C

1. I am_____; am not_____ interested in receiving C.E. units from the Board of Registered Nursing. The number of units I would like to receive is: _____
2. Name and address of nursing supervisor who could provide a recommendation for you: _____
3. If possible, name and address of former nursing instructor who could provide a recommendation for you: _____

D

1. Are you presently an RN?_____ Date of licensure: _____ License number: _____
2. If you are not an RN, when do you plan to take State Boards? _____
3. I request placement for _____ weeks between the following dates: _____
4. Areas of special interest (Example: General med/surg/peds, community health, community mental health, ER, physicians' clinics, Indian Health Projects): _____
5. I am interested in placement with:
   ☐ Acute Hospital ☐ Community Clinic ☐ Public Health Department ☐ Indian Health Project ☐ Doctor's Office
   ☐ Your Idea _____
   Comments: _____

6. I plan to spend the following number of hours per week in the hospital or agency: ☐ 24 ☐ 32 ☐ 40
   I have had the following experiences related to nursing: _____

7. I am interested in information about potential part-time employment possibilities: ☐ Yes ☐ No
   Comments: _____

8. What is your health status? _____ Do you have any health problems or take any medications that we should be aware of in case of emergency? _____

9. Health insurance carrier: _____ Policy No: _____

D SEND A COPY OF YOUR INSURANCE CARD WITH THIS APPLICATION OR A STATEMENT FROM YOUR NURSING PROGRAM VALIDATING YOUR COVERAGE FOR PROFESSIONAL LIABILITY.

10. Do you have access to an automobile? ☐ Yes ☐ No

11. Name of insurance company: _____
    Coverage for: Bodily Injury _____ Property Damage _____

12. Do you have a valid driver's license? ☐ Yes ☐ No

13. Person to contact in emergency:
    Name: _____ Phone No.: _____
    Address: _____ Relationship: _____

14. Do you speak any foreign languages? _____

15. Why do you want to participate in RCNP? _____

I understand that there is no stipend (money for room and board) directly available from the Rural Clinical Nurse Placement Center.

I understand that there is a minimum 2 unit fee for the CSU, Chico extension course.

Signature: _____ Date: _____

NOTE: A written copy of your Learning Objectives is required 7 weeks prior to your placement date. Your placement site is decided by the RCNP staff based on your learning objectives.

Return this application and your learning objectives to:

Rural Clinical Nurse Placement Center
Kendall Hall 301
California State University, Chico
Chico, California 95929-0301
(916) 895-5797/895-5798

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APPENDIX G

SAMPLE OBJECTIVES

Rural Hospital Placement

Clinic Placement

Indian Health Project Placement

Public Health Placement

Emergency Room Placement

Rural Clinical Nurse Placement Center

Objectives for RURAL HOSPITAL PLACEMENT

Goal: I will function at the level of a graduate nurse as a team leader in a rural hospital, taking responsibility for the care of varying types of patients which will include, but not be limited to: pediatrics, geriatrics, med-surg, and obstetrical patients while under the guidance of a preceptor who is an experienced RN.

Specific objectives:

1. Improve my general nursing skills of assessment, nursing diagnosis and nursing intervention by working with a variety of patients.

   a. Gather information to formulate nursing care plan through assessment of the patient, conferences with patient and family, and consultation with other health team members.
   b. Exercise judgment within clearly defined limits in identifying means of care and making the most effective use of time, equipment and personnel.
   c. Familiarize myself with the nursing procedures and techniques of the facility.
   d. Utilize other references as needed to provide optimum performance of nursing procedures.
   e. Explain treatment to the patient and family and teach the patient and family modifications of care as health care needs change.
   f. Assign tasks to others and give guidance to those responsible for completing the task.
   g. Be aware of legal responsibilities of others on the health care team and myself.
   h. Allow the patient to actively be involved in planning his/her care.

2. Learn to set appropriate nursing priorities when dealing with several patients who require immediate attention.

   a. Learn to determine when it is necessary to call in additional nursing personnel.

3. Experience the type of independent nursing necessary to function in a rural hospital.

4. Determine if the community feels their health needs are met by the services available to them. Learn of the advantages and disadvantages of the community health care facilities in regard to location, total number, accessibility, and availability.

   a. Interview at least two clients per week for their viewpoint
   b. Interview the Director of Nursing
   c. Interview a local general practitioner
   d. Interview my preceptor
   e. Interview community members

5. Become familiar with the employment opportunities available for an RN, with a bachelor's degree and public health certificate, in the rural community.

   a. Interview several RN's in the area working in different capacities, preferably one each in a: physician's office, public health department, clinic, acute hospital, convalescent hospital and any other capacity available.

b. Obtain literature from the different agencies regarding the employment opportunities they provide.

6. Gain a beginning knowledge of proper staffing procedures, i.e., how to assign the right personnel to provide the best quality of nursing care.

7. Learn to integrate one's job at the hospital with one's social/community life.

   a. The importance of confidentiality for protection of patient and hospital
   b. Maintaining professionalism while working with patients who may be neighbors or friends.

8. Compare/contrast urban and rural hospitals and procedures.

   a. Pharmacy
      Unit dose vs. stock supplies
   b. Administrative procedures
   c. Purpose of combining skilled nursing and acute care
      Advantages/disadvantages
      Financial impact

9. Demonstrate professional flexibility by being able to respond to emergency/critical situations and also utilizing slower times to perform patient and/or staff teaching, administrative tasks, etc.

10. To participate in all available phases of ER nursing: ambulance runs, triage, etc.

11. Compare the social and recreational aspects of living in a rural community.

   a. Take part in community activities
   b. Identify the diversional activities available
   c. Attend and/or visit at least one recreational activity each week

12. Compare the financial aspect of living in a rural community as compared to a suburban area.

   a. Keep careful account of the money spent throughout the six week session on food, clothing, gas and auto expenses, entertainment and miscellaneous expenses.
   b. Determine the price of housing in the rural area through the newspaper and discussion with members of the community.

Rural Clinical Nurse Placement Center

Objectives for CLINIC PLACEMENT

Goal: To gain an overview of nursing practice in rural northern California by acquiring a substantial knowledge of the role of the Family Nurse Practitioner in a rural community.

Specific objectives:

1. To develop the beginning knowledge and skills base necessary to function in an ambulatory care clinic or doctor's office by working with a FNP as my preceptor.

   Increase my physical assessment skills.
   - a. Observe history and physical assessments done by the FNP on different clients in all age groups and presenting with various problems.
   - b. Use the nursing process to formulate patient care plans and set goals for treatment with assistance from my preceptor.
   - c. Perform at least 4 physical assessemnts on patients in various age groups, to be observed, evaluated and approved by the preceptor.
   - d. Learn to correlate laboratory test results with physical assessment findings to formulate nursing diagnosis and treatment plans on patients with various problems with assistance of the FNP. All assessments, diagnoses and nuring interventions will be discussed with my preceptor to be evaluated and approved.

   Increase my skill in performing procedures most commonly utilized in the facility in which I am placed.
   - a. Observe the procedure for drawing blood and be able to draw blood on at least 2 patients to my preceptor's satisfaction.
   - b. Increase my skills in interpreting x-rays.
   - c. Observe and, if possible, perform a pelvic examination on a patient under the supervision of my preceptor.

   Increase and improve my interviewing and communication skills with patients.
   - a. Take several patient histories after observing my preceptor.
   - b. Use health maintenance and preventative care principles in counseling patients regarding their health problems.
   - c. Take a holistic approach to patient care by learning about the patient in relationship to his environment, family, socioeconomic status and emotional outlook.

2. To identify the roles and duties of a FNP in a rural setting in the delivery of health care services to the community.
   - a. Interview at least 2 other FNP's working in the same or nearby communities to develop an understanding of the scope of their practice and their roles on the health team.
   - b. Review written materials available in the facility outlining the job description and patient care protocols to be followed by the FNP.
   - c. Interview a physician and/or administrator of the health care facility to determine his evaluation of the role of the FNP on the health care team in a rural community.
   - d. Visit another facility using FNP's in rural and urban settings by interviewing a FNP in Los Angeles county upon my return.

3. Become acquainted with health care accessibility and health care needs in a rural community to discover how expanded roles in nursing are being used to meet these needs.
    a. Interview a PHN and a physician to learn about the most pressing health needs of the community.
    b. Interview several paitents and members of the community to learn when and where they seek health care, and how they view the health care delivery system in the area.
    c. Interview other nurse practitioners in specialty areas such as OB/GYN, Prenatal, Pediatrics, and/or Mental Health if possible to compare and contrast their roles.
    d. Learn about alternatives to traditional medicine, i.e. folk medicine, healers, or natural remedies available in the community.

4. Spend a day at the Public Health Department with a Public Health Nurse.
    a. Learn about various services available to the community and observe an outpatient clinic.
    b. Accompany PHN on home visits.
    c. Contrast social problems and stresses or rural living with those in urban areas.

5. Learn about the general nutritional status and nutritional problems in the community by interviewing a nutritionist in the Public Health Department. Include nutritional education in my patient teaching.

6. Visit nearest acute care hospital to learn of the services available and with permission tour various departments (ER, ICU, OB/GYN, Rehabilitation, Radiology and Laboratory). Interview the Director of Nursing to learn about job opportunities available to a BSN.

7. Observe and, if possible, perform first aid techniques commonly used in rural nursing practice. Review emergency care such as CPR and, if possible, spend a day with a rescue team or paramedic team.

8. Locate and, if possible, visit other health care agencies in the area, i.e. convalescent homes, mental health clinic, etc. to learn of their services to the community.

9. Investigate recreational, housing and employment opportuniites available in the rural community where I am placed.
    a. Read local newspapers and interview various people to get a general feeling of what it is like to live in my placement community to help me determine whether I would like to seek future employment in the area.
    b. Compare and contrast rural nursing practice to that of my present job in an urban area, including salary, benefits, etc.
    c. Compare cost of living for food, rent, utilities, car servicing, recreation, etc.
    d. Investigate educational opportunities for nurses in the area.
    e. Compare social and recreational activities in the rural community with those available in urban areas by attending at least one recreational or social activity a week.

Rural Clinical Nurse Placement Center

Objectives for placement with INDIAN HEALTH PROJECT

Goal: To develop a knowledge of nursing in a rural community and the health facilities available to the people in that community, especially the health care delivery system to the Native American. To broaden my own nursing knowledge to include those skills unique to the Family Nurse Practitioner.

Specific Objectives:

1. Identify and understand the roles of a Family Nurse Practitioner working in a rural community.

   Activities:

   a. Work in rural community through combined home visitation, clinic and health screening with Family Nurse Practitioner as my preceptor.

   b. Interview at least two other Family Nurse Practitioners working in same or nearby communities to develop an understanding of their roles and functions.

   c. Review written material made available by the agency regarding job functions of the Family Nurse Practitioner.

   d. Visit at least one neighboring facility to compare its roles and policies for the Family Nurse Practitioner with the one under which I will be working.

   e. Interview a doctor and/or administrator of the health care facility to learn of his evaluation of the role of the Family Nurse Practitioner on the health care team in a rural community.

   f. Prior to arrival at facility interview Family Nurse Practitioner in Orange County to compare and contrast to rural experiences.

2. To become acquainted with health care delivery, accessibility and health care needs in a rural community and how expanded roles in nursing are being used to meet these needs, especially those of the Native American.

   Activities:

   a. Interview Family Nurse Practitioner/Public Health Nurse and review written material to assess health care delivery and accessibility of health care to the Native American.

   b. Maintain written log of services available, times available and who provides them.

   c. Interview Family Nurse Practitioner, housing provider and at least two other community members to ascertain their use of health care, their evaluation of the health care delivery system and their view of the health care needs of the community. Maintain log of their responses.

3. To become acquainted with and gain an appreciation and understanding of the Native American culture and community.

   Activities:

   a. Perform community assessment using assessment guide.

   b. Identify health problems and health care needs unique to the Native American through interview of Family Nurse Practitioner/Public Health Nurse and Native American client.

   c. Perform assessment of dietary customs, nutritional intake and status of Native American community of Northern California.

   d. Identify use of alternatives to traditional medicine among the Native American community, i.e., folk medicine, healers, natural remedies.

   e. Try to become involved in community activities and/or social activity with Native American family at least one weekly.

   f. Identify cultural/language barriers to use of the health care system, health maintenance and promotion.

   g. Describe the role of the Family Nurse Practitioner/Public Health Nurse in meeting special needs of Native American.

4. To further develop nursing skills in physical assessment and basic health screening.

   Activities:

   a. Observe health screening and physical assessment performed by Family Nurse Practitioner at least two full days.

   b. Perform physical assessment and health screening on selected clients to my preceptor's satisfaction.

5. Become familiar with the employment opportunities available for an RN with a bachelor's degree and public health certificate, in the rural community.

   Activities:

   a. Interview RN's working in the area in different capacities.

   b. Obtain literature from the different agencies regarding employment opportunities.

6. Compare financial aspect of living in rural community as compared to Orange County.

   Activities:

   a. Keep log of finances throughout session on food, clothing, gas and auto expenses, entertainment and miscellaneous expenses.

7. Compare the social and recreational and cultural aspects of living in a rural community.

   Activities:

   a. Identify diversional activities available.

   b. Attend one recreational facility/activity each week.

   c. Become involved with recreational activities of housing provider family.

Rural Clinical Nurse Placement Center

Objectives for a PUBLIC HEALTH EXPERIENCE

Overall Goal

To develop a knowledge of nursing in a rural community, and the health facilities available to the people in that community. To broaden my own nursing knowledge to include those skills unique to a Public Health Nurse.

Specific Objectives

1. Identify and understand the roles of a Public Health Nurse working in a rural community for the Public Health Department.

Activities:

A. Work for the Public Health Department of a rural community with a Public Health Nurse as my preceptor.
B. Interview at least two other Public Health Nurses working in the same or nearby communities, to develop an understanding of their roles and functions.
C. Review written material available to me from the Public Health Department, regarding the job functions of a Public Health Nurse.
D. Visit at least one neighboring Public Health Department to compare and contrast its roles and policies with those under which I will be working.

2. Compare and contrast the role of the Public Health Nurse in a rural community with those of a Public Health Nurse in an urban area.

Activities:

A. Make at least three home visits per week to thoroughly assess the health needs of the families in the community.
B. Compare the needs I determine with those I experienced earlier while working in an urban area.
C. Make selected visits, at least one to each of the community clinics available to the residents of the area. Assess the availability of health guidance including:
   pre-natal
   post-partum
   well baby
   general health screening
   immunizations
   family planning
D. Through the above stated clinic visits, determine the extent to which the community is meeting the needs of its residents by comparing the needs determined with the facilities available.

3. To further develop my skills in physical assessment and basic health screening.

Activities:

A. Spend at least two full days assisting and observing in a health screening clinic with a physician or practitioner.
B. Continue to utilize my physical assessment skills to assess my own patients, to my preceptor's satisfaction.

4. Achieve a greater understanding and appreciation of the culture of the spanish language.

Activities:

A. Involve myself in the familial activities of the family with whom I will be living.
B. Try to attend at least one social activity per week which involves the

spanish residents. This could include a picnic, BBQ, restaurant, movie theater, etc.

5. Become familiar with the employment opportunities available for an RN with a bachelors degree and public health certificate, in the rural community.
   Activities:
   A. Interview several RN's in the area working in different capacities, preferably one each in a; physician's office, clinic, acute hospital, convalescent hospital and any other capacity available.
   B. Obtain literature from the different agencies regarding the employment opportunitie they provide.

6. Compare the financial aspect of living in a rural community as compared to suburban Orange County.
   Activities:
   A. Keep careful account of the money spent throughout the six week session on food, clothing, gas and auto expenses, entertainment and miscellaneous expenses.

7. Compare the social and recreational aspect of living in a rural community.
   Activities:
   A. Identify the diversional activities available.
   B. Attend one recreational facility each week.

Rural Clinical Nurse Placement Center

Objectives for placement with EMERGENCY ROOM

Goal: To broaden my nursing knowledge with respect to skills necessary in emergency nursing and explore the range of emergency services available in the community.

Specific Objectives:

1. Acquire and develop skills necessary in emergency nursing.

   a. Observe and participate in all phases of ER nursing: paramedic receiving, traumatic and non-traumatic injury cases, and field work with a mobile intensive care or paramedic team, with emphasis on acquiring skills related to time management, triage priorities, history taking, physical assessment.
   b. Gain knowledge with respect to the limits of nursing practice and the legal responsibilities of emergency nursing through clinical experience and additional reading.

2. Explore the scope of emergency services available in the community.

   a. Interview emergency room nurses, EMT's and paramedics.
   b. Investigate the location of emergency services in the community.
   c. Inquire into nursing organizations affiliated with emergency care, and the training and educational opportunities for nurses in emergency care.

3. Become familiar with the employment opportunities available for an RN, with a bachelor's degree and public health certificate, in the rural community.

   a. Interview several RN's in the area working in different capacities, preferably one each in a: physician's office, public health department, clinic, acute hospital, convalescent hospital and any other capacity available.
   b. Obtain literature from the different agencies regarding the employment opportunities they provide.

4. Demonstrate professional flexibility by being able to respond to emergency/critical situations and also utilizing slower times to perform patient and/or staff teaching, administrative tasks, etc.

5. Compare the social and recreational aspects of living in a rural community.

   a. Take part in community activities.
   b. Identify the diversional activities available.
   c. Attend and/or visit at least one recreational activity each week.

6. Compare the financial aspect of living in a rural community as compared to a suburban area.

   a. Keep careful account of the money spent throughout the six week session on food, clothing, gas and auto expenses, entertainment and miscellaneous expenses.
   b. Determine the price of housing in the rural area through the newspaper and discussion with members of the community.

Objectives for Emergency Room Placement (cont'd)

7. Gain a beginning knowledge of proper staffing procedures, i.e., how to assign the right personnel to provide the best quality of nursing care.

8. Compare/contrast urban and rural hospitals and procedures.

   a. Pharmacy
      Unit dose vs. stock supplies
   b. Administrative procedures
   c. Purpose of combining skilled nursing and acute care
      Advantages/disadvantages
      Financial impact

APPENDIX H

STUDENT HOUSING QUESTIONNAIRE

A copy of this questionnaire will be sent to your housing provider.

Name _____

RCNP PARTICIPANT HOUSING QUESTIONNAIRE

I have housing available. ____Yes ____No.

I need housing for myself only. ____Yes ____No. If "no," describe your needs:

Would it bother you to share a room with another student involved in RCNP? ____Yes ____No.

General Information

RCNP works with many different housing providers and participants. We try to match the participants with an appropriate living situation. Housing providers come from various urban/rural, religious, and cultural backgrounds. RCNP would like this living situation to be satisfying for you. If there is information not asked below that would be important for us to know in locating suitable housing, please indicate in the space provided at the bottom of the page.

Do you smoke? ____Yes ____No.

Would it bother you if the housing provider smoked? ____Yes ____No.

Do you drink alcoholic beverages? ____Yes ____No.

Would it bother you to live with a person/persons who serve alcoholic beverages?
____Yes ____No.

Do you have very specific dietary requirements and cooking regimes? ____Yes ____No.
If "yes," describe your needs:

Do you enjoy socializing with other people after work in the evenings? ____Yes ____No.

Do you enjoy inviting friends over in the evening? ____Yes ____No.

Would you prefer to live with a family? ____Yes ____No.

Would you like to be included in family activities? ____Yes ____No.

If possible would you prefer to live alone? ____Yes ____No.

Do you have a strong religious preference? ____Yes ____No.
Name of denomination:

Do you have any special health needs that your housing provider should be aware of?
____Yes ____No. If "yes," describe:

Is there any other information you would like to share with us that would be helpful in locating appropriate housing for you? (Please write here)

(OTHER SIDE)

Please write a personal statement - paragraph of who you are. Include such things as hobbies, past living experiences (rural, urban) or for example, if you come from a large or small family, etc. Please include whatever you feel comfortable with.

APPENDIX I

PRE-PLACEMENT QUESTIONNAIRE

PARTICIPANTS PRESENTLY RESIDING IN RURAL AREAS NEED NOT COMPLETE THIS FORM.

RURAL CLINICAL NURSE PLACEMENT CENTER

PRE-PLACEMENT QUESTIONNAIRE *

PLEASE FILL THIS SHEET OUT FIRST

Name _____

Nursing school you are presently attending or recently graduated from _____

_____

Name of hospital, health agency or physician with whom you will be placed _____

_____

Dates of participation in the Rural Clinical Nurse Placement program.

From _____

To _____

Address at which you can be reached on an annual basis - your permanent address, if possible, or the address of parents or relatives who would know where you can be reached.

_____

_____

_____

* We have not included a copy of the Post-Placement Questionnaire, however it is very similar to the Pre-Placement Questionnaire.

1) The following question relates to your current preference for types of nursing careers. Please check the appropriate column for each item.

	Not Interested	Moderately Interested	Very Interested	Unknown
Type of Career:				
Teaching	_____	_____	_____	_____
Institutional Care	_____	_____	_____	_____
Community Health	_____	_____	_____	_____
Specialty:				
Medical-Surgical	_____	_____	_____	_____
Maternal & Child Health	_____	_____	_____	_____
Psychiatric - Mental Health	_____	_____	_____	_____
Pediatrics	_____	_____	_____	_____
Office Practice	_____	_____	_____	_____
Public School	_____	_____	_____	_____
Nurse Practitioner	_____	_____	_____	_____

These questions describe possible characteristics of a rural community. Please check the box with the most correct answer, based on what you believe to be true.

2) The cost of living in a rural community is:

_____ more expensive than in a city

_____ the same as in a city

_____ less expensive than in a city

3) Recreational opportunities which suit my lifestyle are:

_____ more available in a rural community than in a city

_____ equally available in a rural community and a city

_____ less available in a rural community than in a city

4) Rural persons are:

_____ more friendly than city persons

_____ no more or less friendly than city persons

_____ less friendly than city persons

5) In general, jobs in a rural community are:

_____ more available than in a city

_____ as available as in a city

_____ less available than in a city

6) Housing in a rural community is:

_____ more available than in a city

_____ no more or no less available than in a city

_____ less available than in a city

7) As a place to live and work, a rural community has:

_____ more aesthetic beauty than a city

_____ about the same aesthetic beauty as a city

_____ less aesthetic beauty than a city

8) How important do you think each of the following categories of community characteristics will be in your choice of a position after completion of your nursing education? Please rate <u>each</u> characteristic (category) on a seven-point scale where 1 = not at all important - will not consider, and 7 = extremely important - crucial to any decision; the integers in between represent gradations of importance between these two extremes.

_____ Geographical location

_____ Size (population)

_____ Community economic status

_____ Quality of public school system

_____ Age distribution of population

_____ Ethnic distribution of population

_____ Political "climate"

_____ "Pace of Life"

_____ A healthful environment (clean air, etc.)

_____ Adequate shopping facilities

_____ Feeling part of the whole community

_____ Distance from a metropolitan area

_____ Distance from a Nursing School

_____ Availability of support services and community resources

8) continued

OPPORTUNITIES FOR:

_____ Your preferred cultural, recreational or entertainment activities

_____ Working in your most preferred type of work setting

_____ Your spouse to obtain employment or pursue a career

_____ Socializing with persons of the opposite sex

_____ Being in a high demand/low supply specialty for the area

_____ Proximity to persons prominent in your field of nursing

_____ Other characteristics (Please specify): _____

_____

9) How important do you think each of the following characteristics of work settings will be in your choice of a position? Please rate each characteristic on a seven-point scale where 1 = not at all important - will not consider; and 7 = extremely important - crucial to any decisions; the integers in between represent gradations of importance between these two extremes.

_____ Income/salary

_____ Job security, benefits

_____ Type of patients or clients

_____ Variety of practice activities possible

_____ Professional abilities of co-workers

_____ Personal characteristics of co-workers

_____ Amount of routine task activity

_____ Hours of employment

_____ Amount of "red tape" involved in carrying out job activities

_____ Prestige or organization or group

10) When you have completed your nursing education, would you prefer or not prefer to work in a community with the following characteristics? Please rate each characteristic on a seven-point scale where 1 = strongly inclined to avoid, and 7 = strongly inclined to prefer.

LOCATION:

_____ Northeastern United States

_____ Southeastern United States

_____ Midwest

_____ South Central (TX, AR, OK)

_____ Rocky Mountain States

_____ West Coast

_____ Northeastern California

_____ Northwestern California

_____ Southern California

_____ Other (Please Specify):

_____

10) continued

SIZE OF COMMUNITY:

_____ Over 100,000 population (large metropolitan area)

_____ Suburban area adjacent to large metropolitan area

_____ Population between 50,000 and 100,000 (medium city)

_____ Population between 10,000 and 49,999 (small city)

_____ Population less than 10,000 (small town or rural)

ECONOMIC STATUS OF COMMUNITY:

_____ Poverty area or low economic status

_____ Moderate income area

_____ Wealthy community

POLITICAL CLIMATE:

_____ "Liberal"

_____ "Mixed"

_____ "Conservative"

TYPICAL LIFE STYLE OR "PACE":

_____ Community with a "fast" pace (e.g., New York, Los Angeles, Chicago)

_____ Community with a "slower" pace of life (e.g., Albuquerque, Tuscon)

These questions describe possible relationships in a work setting. Please check the box with the most correct answer based on what you believe to be true.

11) Working relationships among the nursing staff in a rural health setting (hospital, public health, etc.) are:

_____ more cooperative than in a city

_____ the same as a city

_____ less cooperative than a city

12) Working relationships between the nursing staff and physicians in the rural health care setting are:

_____ more cooperative than in a city

_____ the same as a city

_____ less cooperative than in a city

13) Patients (clients) served by rural health facilities receive:

_____ better quality care than in a city

_____ same quality care as in a city

_____ poorer quality care than in a city

14) Rural patients (clients) and their families are involved in their plan of care:

_____ to a greater extent than patients in a city

_____ to the same extent as patients in a city

_____ to a lesser extent than patients in a city

15) Registered nurses working in rural health facilities:

_____ have greater responsibility for decision-making than in city health facilities

_____ have the same level of responsibility for decision-making as in city health facilities

_____ have less responsibility for decision-making then in city health facilities

16) External resources (continuing education, books, journals, visiting professionals) are available to nurses working in rural areas to enhance professional growth?

_____ Yes _____ No _____ Don't know

17) Do you feel your own educational program has adequately prepared you with the skills necessary to function effectively in a rural health care setting?

_____ Yes _____ No _____ Don't know

The following statements ask you for <u>your</u> expectations of <u>your</u> preceptor in the assigned clinical setting. Using a rating scale of 4, your answer denotes your level of agreement with the statement.

1 = I <u>strongly disagree</u> that the statement is my expectation
2 = I <u>disagree</u> that the statement is my expectation
3 = I <u>agree</u> that the statement is my expectation
4 = I <u>strongly agree</u> that the statement is my expectation

18) _____ My preceptor will be friendly and easy to approach.

19) _____ My preceptor will be attentive to what I say.

20) _____ My preceptor will be willing to listen to my problems.

21) _____ My preceptor will assist me in improving my performance.

22) _____ My preceptor will offer new ideas for solving job-related problems.

23) _____ My preceptor will encourage me to take action appropriate to my level of understanding and skill.

The following statements ask for your expectations of your assigned clinical setting. Using the rating scale of 4, your answer denotes your level of agreement with the statement.

1 = I strongly disagree that the statement is my expectation
2 = I disagree that the statement is my expectation
3 = I agree that the statement is my expectation
4 = I strongly agree that the statement is my expectation

24) _____ I will gain a feeling of worthwhile accomplishment from my clinical placement activities.

25) _____ I will enjoy the kind of work I do.

26) _____ I will like the people with whom I work.

27) _____ I will receive praise for the work I do.

28) _____ I will have a top notch supervisor.

Do you agree or disagree with each of the following statements? Using the rating scale of 4, your answer denotes your level of agreement with the statement.

1 = I strongly disagree
2 = I disagree
3 = I agree
4 = I strongly agree

29) _____ Rural community health professionals have adequate medical knowledge and proficiency to administer high-quality health care.

30) _____ Rural community hospitals generally have modern equipment and facilities.

31) _____ The Rural Clinical Placement Program is a helpful introduction to many aspects of health care delivery in a rural community.

Please discuss briefly what your reasons are for participating in the Rural Clinical Nurse Placement program.

APPENDIX J

SAMPLE SKILLS LIST FOR OB-GYN PLACEMENT

SKILLS LIST

OB-GYN

	Theory	Need Practice	Proficient
MANAGEMENT OF LABOR			
1. Obtain interim history			
2. Assessment of mother, including:			
Differentiate phases and stages of labor by observing client behavior			
Evaluate coping mechanisms of mother			
Vaginal examination:			
Cervical effacement			
Cervical dilatation			
Presentation/position			
Station/engagement			
Status of membranes (nitrazine paper, ferning & NST)			
Identify learning needs of mother			
Identify deviations from "normal"			
3. Assessment of fetus, including:			
Auscultation of FHT			
Determination of need for fetal monitoring			
Observation of amount and color of amniotic fluid			
Determination of presence of abnormal presentation			
Estimation of consistency of size with dates			
4. Develop and implement a plan of comprehensive, supportive care for the client and with the client during labor and delivery.			

	Theory	Need Practice	Proficient
Share information with the client about care provided:			
Explanation of examination procedures			
Preparation for examination			
Interpretation of clinical findings			
Provide appropriate support for each stage of labor			
Identify need for medication and orders and/or administer analgesics or hypnotics			
Show understanding of type of drug, dose, route of administration, timing of administration			
Show understanding of expected reaction of mother and fetus to drug			
Implement steps to manage untoward reactions to medications			
Recognize abnormal progress in labor			
Perform amniotomy at appropriate time			
Administer and/or order fluids (IV and oral)			
Use appropriate positioning for the mother in labor and various choices			
Interpret fetal monitor records correctly, when utilized			
Consult with physician regarding any abnormalities detected during process of labor and/or delivery			

MANAGEMENT OF THE PUERPERIUM

1. Identify the physical and emotional changes that take place in the mother during the immediate post-partum period:

	Theory	Need Practice	Proficient
Emotional status			
Breasts and nipples			
Uterine fundus			
Urinary output			
Extremities			
Episiotomy			
Lochia			
Bowel activity			
2. Implement the plan of care and facilitate the development of healthy family relationships by:			
Designing a care plan to meet the emotional and learning needs of the new family, including:			
Mother-infant bonding			
Family centered maternity care			
Preparing families for the adjustment commonly necessary with a new family member			
Initiating discussions to facilitate expressions of ambivalent feelings toward parenthood			
Identifying emotional needs of women in the early postpartum period			
Involving significant others in teaching sessions when possible			
Identifying criteria for assessing mother-infant relationship in the early postpartum period			
Identifying learning needs in conjunction with mother and other family members when possible			
Identifying community resources			

	Theory	Need Practice	Proficient
Demonstrate a basic knowledge of breastfeeding by:			
Describing indications for breastfeeding			
Describing contraindications to breastfeeding			
Advising the mother on techniques of breastfeeding			
Teach the parents or discuss with them the following:			
Measures to alleviate painful hemorrhoids			
Measures to assist in the care of a painful episiotomy			
Ovulation while breastfeeding			
Community resources available for the new mother who is breastfeeding			
Aspects of sexuality during post-partum period			
Breast care including relief of S/S of engorgement, mastitis, sore nipples			
Evaluate, with corroboration from the client, the achievement of health care goals and modify plan of care appropriately			
Utilize principles of teaching and learning in providing information to clients which allow them to make appropriate decisions and to assume appropriate responsibility for their own health			
Communicate plan of management by thorough, logical, concise and easily readable charting			
Consult and collaborate with appropriate members of the health care team			

	Theory	Need Practice	Proficient
EVALUATION AND MANAGEMENT OF THE NEWBORN			
1. Obtain and record all data necessary for evaluation of the neonate, including:			
Review newborn and maternal charts and available laboratory data			
Review nurse's assessment for significant data			
2. Immediate care of newborn, including:			
Suction airway			
Administration of oxygen			
Thermal regulation			
Apgar scoring			
Initial physical examination			

APPENDIX K

PRECEPTOR EVALUATION OF RCNP PRECEPTORSHIP

Participant's Name_____

Nursing Program_____

Placement Dates_____

RURAL CLINICAL NURSE PLACEMENT CENTER

Evaluation For Clinical Preceptor/Clinical Agency

1. What are your observations about:

   Participant performance

   Preceptor/agency satisfaction

2. Most positive feature of the experience:

3. Least positive feature of the experience:

4. Recommendations to improve the participant placement experience:

5. If you had a job opening for which this person were qualified, would you employ him/her after he/she graduated? _____Yes _____No. Why?

6. Additional comments:

Name of person writing evaluation_____

Placement facility_____

Date evaluation filled out_____

4/84

APPENDIX L

FACULTY EVALUATION OF PRECEPTORSHIP

Student _____

Nursing Program_____

Placement Date_____

RURAL CLINICAL NURSE PLACEMENT CENTER

FACULTY EVALUATION

1. Was your student able to accomplish his/her learning objectives? ____Yes ____No. Please discuss.

2. Did you establish contact with your student's preceptor? ____Yes ____No. If you did establish contact - in what manner was this contact established?

   In what ways was it useful?

   In what ways was it not useful?

3. Did the preceptor's comments on your student's performance assist you in determining a grade? ____Yes ____No. Please discuss.

4. In what ways was your contact with the staff of RCNP useful? Not useful?

5. Was the Faculty Fact Sheet useful to you? ____Yes ____No. In what ways?

6. What are your suggestions to improve the Rural Clinical Nurse Placement Center?

7. Are you considering placing other nursing students with RCNP? Yes____ No____.
If yes, when do you plan on doing this?

8. Additional comments:

Name of person writing evaluation _____

Date evaluation was filled out _____

9/80

APPENDIX M

STUDENT EVALUATION OF PRECEPTOR

STUDENT EVALUATION OF RCNP PRECEPTORS

(A copy of this will be sent to your preceptor.)

I. The Preceptor as a Role Model:

1. How many times did your preceptor meet with you, and did she/he allow you an exchange of feedback?

2. Did you feel there was open communication and trust between you and your preceptor?

3. Did your preceptor offer you support? How?

II. The Preceptor as a Resource Person:

1. Discuss your preceptor with respect to the following areas:

   a. Willingness to share her/his expertise

   b. Demonstration of procedures, etc., when appropriate

   c. Assistance in finding other resources when appropriate

   d. Clarity of demonstrations and explanations. Did you give feedback to your preceptor?

III. The Preceptor as a Designer of Instruction:

1. Discuss your preceptor with respect to the following aspects of your placement:

   a. Orientation to facility by preceptor

   b. Introduction to the staff

   c. Discussion of each other's expectations for the learning experience

2. Did you feel accepted? And, did you feel a part of the staff?

3. Did your preceptor analyze, with you, the meaning of your objectives?

4. Was your preceptor able to provide useful and interesting experiences to meet your objectives?

5. Did your preceptor plan the educational experiences with you, or did you do this independently?

6. Was there optimum use of you time?

7. Based on the agreed upon objectives and the plan for implementing the instruction, did both you and your preceptor participate in ongoing evaluation of your progress? Did you find this evaluation satisfactory?

8. Did your preceptor help you become acquainted with, and understand, her/his unique rural community? How?

IV. The Preceptor as a Supervisor:

1. Did you feel your preceptor provided appropriate supervision?

   Academic?

   Clinical?

2. Did she/he have weekly conferences with you? Did you feel they were satisfactory?

3. Did she/he impose her/his viewpoint on you?

4. Did she/he encourage self-initiation, individuality, self-expression and self-evaluation? How?

V. During this preceptorship experience was you preceptor able to employ the four teaching roles? (i.e., role model, resource person, designer of instruction, supervisor)

VI. Describe in what ways she/he excelled as a preceptor and how she/he could improve as a teacher:

Student_____ Preceptor_____ Placement Date_____

Health Facility_____ County_____

APPENDIX N

PRECEPTOR EVALUATION OF STUDENT'S
CLINICAL PERFORMANCE

EVALUATION OF STUDENT CLINICAL PERFORMANCE

Student_____ Preceptor_____

Facility_____ Town_____

This form is designed to facilitate the evaluation of the clinical performance of the students relative to the criteria listed below.

Please read the criterion carefully. Then place a check mark in the space provided.

	Very Consistently	Usually	Often	Sometimes	Seldom	Not Applicable
1. Student is able to identify his/her own areas of personal strength.						
2. Student is able to identify his/her own areas in need of personal growth and learning.						
3. Understands the role, purpose and function of preceptor.						
4. Recognizes the need for supervision and seeks it appropriately.						
5. Is highly self-directive: i.e., seeks and uses a variety of resources to improve his/her nursing care and extends his/her own learning.						
6. Well organized.						
7. Priority-setting is done at a high level, and there are clearly defined reasons for priorities.						
8. Well-accepted by staff. Team members find him/her approachable.						
9. Demonstrates an overall standard of professionalism that others want to emulate.						
10. Demonstrates good communication skills, both oral and written.						

	Very Consistently	Usually	Often	Sometimes	Seldom	Not Applicable
11. Applies theoretical knowledge when providing individual patient care.						
12. Demonstrates proficiency in nursing skills with his/her patients.						
13. After family and client assessment is completed, appropriate counselling and teaching is done.						
14. Client teaching is planned and intentional.						
15. Is punctual and dependable.						

Comments:

APPENDIX O

STUDENT EVALUATION OF RCNP

RCNP STUDENT RATING SHEET

Student_____School_____Town_____

Date_____

1. On a scale of 1-10 how would you rate the experience? _____ Why?

2. What, if anything, would have made the experience even better?

3. What was the best part of the experience? Or the most positive?

4. What was the least positive part of the experience?

5. Do you feel you were assertive enough? And do you feel we encouraged you "enough" to be assertive?

6. Did we give you enough information?

7. Please sum up what you got out of your experience in one sentence.

APPENDIX P

PROJECTED EMPLOYMENT PLANS

PROJECTED EMPLOYMENT PLANS

Name

School

Graduation Date

Birth Year

Please respond in EACH of the time periods identified. It is recognized that your plans may change. Check only *one employment, one community size,* and *one geographic location* in EACH time period.

	Immediately After Graduation *	1 Year After Graduation	2 Years After Graduation	3 Years After Graduation	5 Years After Graduation	10 Years After Graduation	15 Years After Graduation
. Employment Setting							
Acute Hospital							
Convalescent Hospital							
Public Health Department							
Home Nursing Service							
Outpatient Clinics							
Doctor's Office							
Indian Health Projects							
School Nursing							
Screening Clinics							
Health Clinics (please specify)							
Teaching							
Nurse Practitioner (note type)							
Clinical Specialist (note type)							
Unemployed							
Other (please specify)							
Other (please specify)							

* For RCNP participants who have already graduated, please substitute the word "participation."

	Immediately After Graduation	1 Year After Graduation	2 Years After Graduation	3 Years After Graduation	5 Years After Graduation	10 Years After Graduation	15 Years After Graduation
Community Size ***							
Large metropolitan (over 100,000)							
Surburban - adjacent to metropolitan area							
Medium Sized City (50-100,000)							
Small City (10,000-49,999)							
Small town or rural (under 10,000)							

	Immediately After Graduation	1 Year After Graduation	2 Years After Graduation	3 Years After Graduation	5 Years After Graduation	10 Years After Graduation	15 Years After Graduation
Geographic Location ***							
Northeastern U.S.							
Southeastern U.S.							
Midwest U.S.							
South Central (Texas, Arkansas, Oklahoma)							
Rocky Mountain States							
Oregon or Washington							
Northeastern California							
Northwestern California							
Central California							
Southern California							
Alaska							
Hawaii							
Other (please specify)							
Other (please specify							

DID YOUR PARTICIPATION IN THE RURAL CLINICAL NURSE PLACEMENT PROJECT AFFECT ANY OF THESE PLANS:

	YES	NO
1) Employment Setting	_____	_____
2) Community Size	_____	_____
3) Geographic Location	_____	_____

APPENDIX Q

LONGITUDINAL STUDY QUESTIONNAIRE

Name_____ Code_____ Date_____

1. Since your participation in RCNP, have you ever worked as a health care professional? YES_____ NO_____

2. Are you currently working as a health care professional? YES_____ NO_____

3. Were you ever inclined to work in a rural area as a result of your RCNP experience? YES_____ NO_____

4. Are you now working as a health care professional in a rural area? YES_____ NO_____

5. Would you like to work as a health care professional in a rural area? YES_____ NO_____

6. Do you think you will ever work as a health care professional in a rural area? If so, can you estimate when this might occur? YES_____ NO_____

_____

7. Since your participation in RCNP, have you ever worked as a health care professional in a rural area? YES_____ NO_____

	Name of Facility	Address of Facility	Dates of Employment
A.			
B.			
C.			
D.			

8. Did participation in RCNP have any effect on these plans?

   A. Employment setting? YES_____ NO_____

   B. Geographic location? YES_____ NO_____

   C. Community size? YES_____ NO_____

9. Were the people you met in your placement community ever instrumental in helping you find employment? YES_____ NO_____

10. Was the RCNP staff instrumental in assisting you in finding a job in a rural location? YES_____ NO_____

11. Have you ever referred anyone to RCNP? YES_____ NO_____

12. How would you characterize the town/city in which the major portion of your upbringing took place between your fifth and eighteenth birthdays? (Please circle the appropriate letter: A B C D)

   A. Rural/small town; population less than 10,000

   B. Semi-rural/small city; population between 10,000 and 50,000

   C. Suburban/medium city; population between 50,000 and 100,000

   D. Urban/metropolitan; population more than 100,000

13. If the answer to question #12 is <u>not</u> A, approximately how many years between your fifth and eighteenth birthdays did you spend living in a rural area?

_____years

14. If you do not intend to work in a rural area as a health care provider, can you identify the reason?

_____

_____

15. In the face of financial cutbacks, would you be willing to write a letter of support validating the fact that RCNP assisted you in making a decision regarding rural nursing? YES_____ NO_____